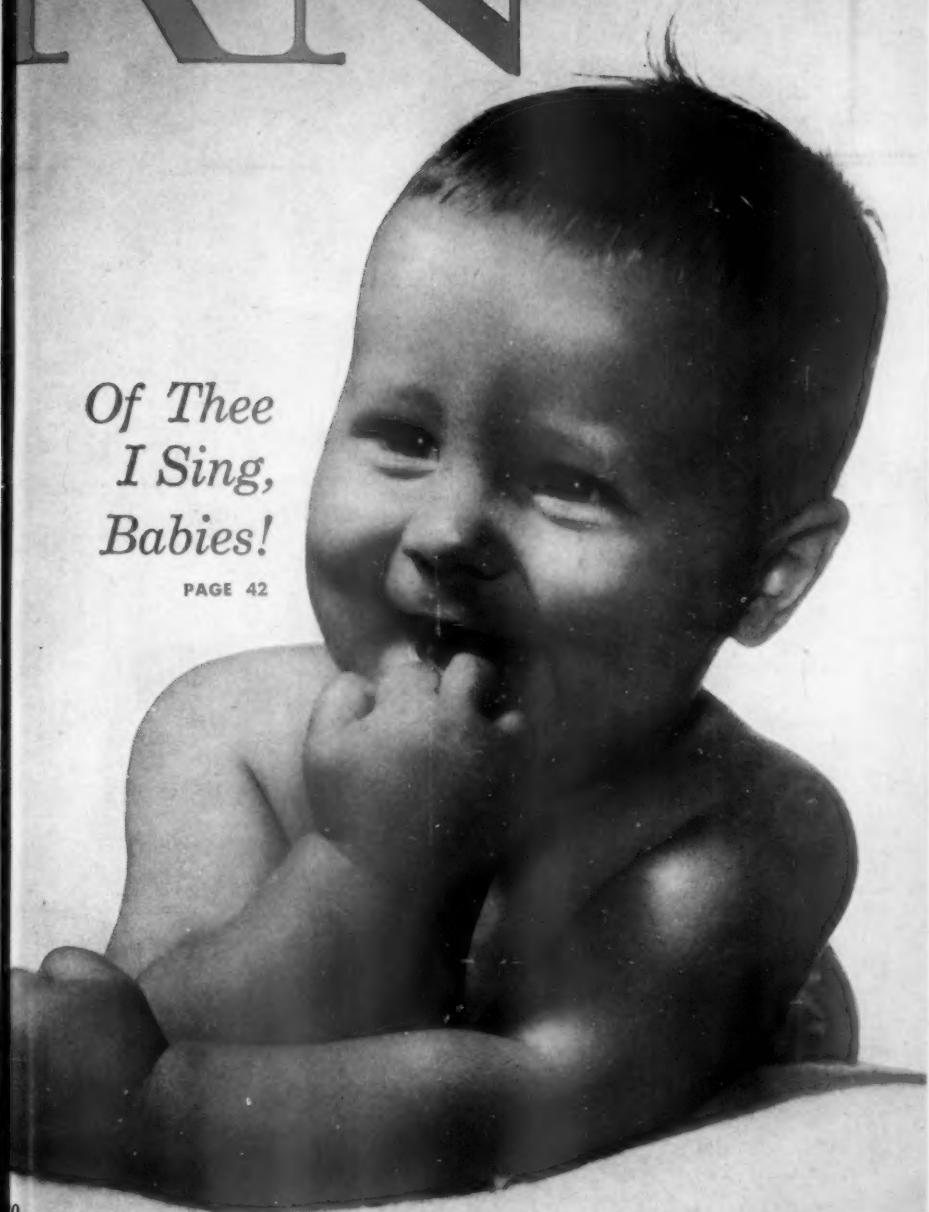


RN

APRIL 1959

*Of Thee
I Sing,
Babies!*

PAGE 42



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ide for Buying Malpractice Insurance • Drugs to Treat Blood Clots



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Guide for Buying Malpractice Insurance 33

Where to get this coverage, what it costs, how much of it you need, and some exclusions to watch for

Drugs to Treat Blood Clots 37

This report will help you know what the doctor's doing when he fights thrombi and emboli with potent new drugs

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Toxoid or Antitoxin? 45

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MORE ►

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Gardner, J.: J. Pediat. 52:448 (Apr.) 1958.

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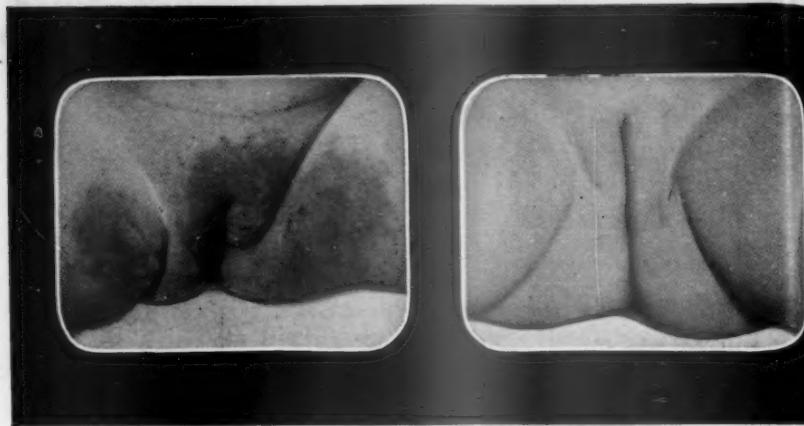
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APRIL 1959

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compact shield for the patient with a trained
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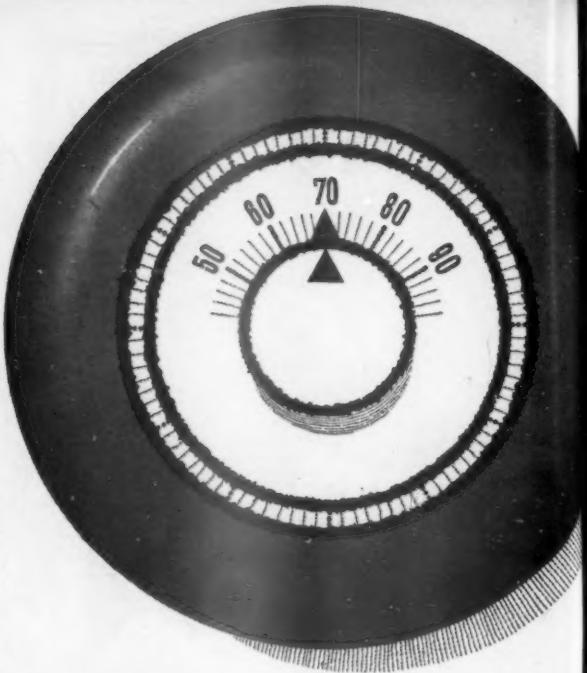
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body and provides the colostomy patient with
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the protective shield which may be used between
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back to
normal
temperature*



*Superior to aspirin
in antipyretic action*

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Anacin Tablets offer effective symptomatic therapy for the common cold. Anacin not only relieves the headache, malaise and grippal symptoms but also allays tension, restlessness and depression. Well tolerated, there's no gastric upset with Anacin.

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Reference: 1. Goodman, Louis S. and Gilman, Alfred: *The Pharmacological Basis of Therapeutics*, Sec. Ed., 1955. 2. Brownlee, George: *A Comparison of the Antipyretic and Toxicity of Phenacetin and Aspirin*, Quarterly J. of Pharmacy and Pharmacology, Vol. 38, No. 472, April 1955.



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RN letters

ACNE TREATMENT

DEAR EDITOR: I'm puzzled over a seeming contradiction in your January article "How to Help Teen-Agers With Acne." On the one hand, it says that acne causes emotional as well as physical scars, and that therefore the teen-ager must be helped to feel wanted and accepted during the acne period. On the other hand, it warns against the use of any "cover-up" cream or lotion.

In my experience, teen-agers are better able to follow their diets, clean and massage their faces, and leave their pimples alone if allowed to use a reputable product such as Acnomet or Clearasil when the occasion warrants. Is there any real harm in letting them do this, when it adds so much to their self-esteem and happiness?

R.N., Ohio

Alice Leddy, R.N., head nurse at the Adolescent Unit, Children's Hospital, Boston, with whose help the article in question was prepared, replies as follows: "At this clinic we treat the patient as a whole. We're well aware of the intense concern teen-agers have with

their physical appearance, and we don't prohibit the use of 'cover-up' medications. In fact, in many cases the doctors encourage patients to use them. Of course, from a physiologic standpoint, anything that tends to prevent normal secretion of the sebaceous glands may, in the case of acne, delay its cure or control. So a reasonable compromise, we feel, is to allow the boys and girls to wear cosmetic medicated lotions or creams for important events and during periods when the unsightly blemishes are likely to be a major source of concern. We do not have any hard and fast rules that apply to every patient. Each should be helped, we believe, in the best way for him."—ED.

BAY STATE PAY

DEAR EDITOR: The new private-duty pay rates in Massachusetts, approved on a trial basis by the Massachusetts State Nurses Association (as reported in your January news columns), were subsequently opposed by hospital interests.

As a result, the new fee is \$17 a day for all three shifts (an increase of only \$2). The proposed

SAVE 10¢ on new GIANT SIZE!



Now you'll like Esquire LANOL-WHITE more than ever—in its convenient new giant size bottle. Goes on easy, dries quickly with no streaks. Doesn't just hide dirt... actually removes it! Contains Lanolin to help keep shoes soft and supple. Get it today! Saves you a dime... saves you that extra trip to the store.

letters

\$19 for evening-shift care and \$1 for night-shift care didn't materialize.

Alice F. Jones, R.N.
Jamaica Plain, Mass.

ANOTHER FUDDY-DUDDY

DEAR EDITOR: Like your correspondent, Iona M. King, I've also been ridiculed for insisting, as charge nurse, that R.N.s and aids carry out strict asepsis technique.

I've been called "too fussy," for example, when I reprimanded a R.N. who changed only the drapery sheet on a labor bed. Her argument: "The last patient used the bed only one hour."

Yes, I'm a fuddy-duddy to some, and I wish there were more of us.

Mary J. La Vecchia, R.N.
North Chicago, Ill.

'CALL ME MISS JONES'

DEAR EDITOR: The use of first names among staff nurses is poor policy. It leads patients also to use our first names in addressing us, thereby weakening the professional relationship. And it may give people the impression that nurses are socializing during working hours.

Lorraine Stein, R.N.
Brooklyn, N.Y.

TURN ON THE HOSE!

DEAR EDITOR: Re your correspondent's query: "What about reporting on duty stockingless?" Such a sight would leave me speechless, embarrassed, and ashamed!

Even in hot climates, today



Could you have helped this girl?

after only a few days.

Two convenient flesh-tinted forms: 'Acnomel' Cream for use at home; 'Acnomel' Cake in a handy compact for use anywhere, even as a base for make-up.

When you are asked about acne preparations, or whenever you see a patient with acne, remember you can recommend 'Acnomel' with confidence. Smith Kline & French Laboratories, Philadelphia

ACNOMEL*

Helen Arnold, R.N., Nursing Education Service
Smith Kline & French Laboratories
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Please send me a free supply of 'Acnomel' Cream and Cake.

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City _____

Zone _____ State _____

How the modern nurse can banish ignorance about douching

Ancient taboos still leave their mark on woman's psyche. Even today, many patients are too embarrassed to ask for advice they *need* on intimate problems . . . such as douching.

An understanding nurse who can discuss this subject with tact and sympathy is often the *only* qualified person who can banish this ignorance!

Such a nurse will tell her patient that vaginal tissues are very tender and sensitive; that the folds of the vaginal mucosa provide a favorable environment for certain infections; and that odors can be very persistent. Perhaps never before has the patient realized that her comfort and well-being demand an antiseptic, germicidal preparation for the douche.

What solution is best?

It's *hard* to understand why—today—old-fashioned salt or vinegar solutions are *ever* used. These home-made solutions can *never* equal the protection of Zonite's antiseptic, germicidal action. For Zonite is a proven antiseptic, based on trusted Dakin's solution. It cleanses, deodorizes and soothes . . . effectively and safely.

It's *easy* to understand why so many nurses recommend Zonite. For a professional sample, write to Dept RN-49, Dunbar Laboratories, Wayne, N.J.

letters

cool mesh stockings provide comfort. And in *any* climate they're needed for a confident, professional appearance.

R. Elizabeth Beck, R.N.
Newark, Del.

'DROP DEAD . . .'

DEAR EDITOR: Your article "Drop Dead—But Don't Get Sick" is wonderful. It really hits home.

More often than not, a nurse who asks for a change of shift gets a flat turn-down. If she takes sick leave, she's treated on her return as a naughty child who must be punished with a stretch of night bus duty.

Why not grievance boards, without risk of reprisal, to air nurses' complaints before nurses reach the point of resignation?

Alice Heverly, R.N.
Corning, N.Y.

DEAR EDITOR: . . . Too many of us are either too disinterested or too afraid of the consequences to take positive action. Nurses need a union to protect their profession's rights and privileges.

Barbara Pizzini, R.N.
South Bend, Ind.

'FILTHY HABIT'

DEAR EDITOR: I disagree with the two correspondents who consider smoking a "filthy habit." It's not. It's a clean habit.

Many times a cigarette has relieved tension in a nurse as well as in a patient.

More

For varicose veins

51 Gauge ALL-ELASTIC STOCKINGS

"Drop by Bauer & Black"

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nurse
shift get
es side
return
must stockings . . . and moves through
f night busy schedule unhampered
y pain or unsightly hose.

Sheer yet all-elastic
secret: 51 gauge elastic stockings by Bauer & Black. For these are the only full-fashioned, full-pant hose that employ the famous Bauer & Black principle of *all-elastic support* (with rubber in every supporting thread). They give you the support part-elastic or to stockings fail to give, and the to take her look of regular nylons, too.

Now in white
There's a Bauer & Black style for every occasion—at drug, department, surgical stores. Elastic stockings are now available in white for on-duty wear . . . or black for ecclesiastical wear.

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letters

I never enter a patient's room smoking. But if a patient asks me to join in a smoke, I do.

Cereta M. Shockley, R.N.
Philadelphia, Pa.

DEAR EDITOR: As a nurse with the "filthy habit" your two correspondents refer to, I only hope these nurses don't try to convert their patients too!

Herbert L. Lucas, R.N.
Wichita, Kan.

LICENSURE RUN-AROUND

DEAR EDITOR: As your recent article points out, national licensure is legally impossible. Yet interstate

licensure, as I see it, is legalized robbery.

In order to work in New York (after moving here from Massachusetts where I'm registered), I had to pay \$5 for a temporary permit while my New York application was being processed. Part of the processing required the Massachusetts board to fill in three lines—for which I had to pay \$2 more.

When the application is finally completed (if it ever is!) I'll have to pay New York \$30 for my license. So, all told, the thing will cost at least \$37—plus notary fees, postage, and yearly renewal fees in two states. [More on 76]



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STANDBY® Model	Operating Room; W
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Ask your Gomco dealer about the many advantages of the 789 Aspirating Pump. He'll be glad to arrange a demonstration.

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9:45 Mrs. Thompson

10:00 Bobby Lane

10:15 Harold Hargrove

10:30 Mr. Smith

10:45

11:00 Hospital

5:00



2:00 Mrs. Kendall

2:15 Mrs. Dewey

2:30 Norman Mailer

2:45 Jerry Bender

3:00 Mrs. Rogers

3:15

3:30 Miss Marge House Call

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for many of your patients extra nourishment is a basic need

From pediatrics to geriatrics Ovaltine provides a rich source of the vitamins, minerals and other essential food elements required for the maintenance of a good nutritional state.

Ovaltine is a nourishing, well-tolerated beverage combining natural blandness with good taste. It produces a soothing and relaxing effect for the tense and nervous patient, particularly when taken at bedtime.

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Vitamin B ₁	5.0 mcg.
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*Niacin	10.0 mg.
Folic acid	0.05 mg.
Choline	200 mg.
Biotin	0.03 mg.

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including Calcium,* Phosphorus and Iron.*	
CARBOHYDRATE	65 Gm.
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*Nutrients for which daily dietary allowances are recommended by the National Research Council.



Ovaltine®

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Allergenicity

REDUCED

A recent clinical study* clearly established that Gerber Strained Egg Yolks are less allergenic than home-cooked egg yolks. An exclusive "time/temperature" sterilization process (45 minutes at 240°F) markedly reduces the allergenic effect of the egg yolks, according to the investigators. This special process also insures a safe, uniform product which is much more palatable than sieved, hard-cooked yolks.

This is but one of many continuing research projects conducted by Gerber in the interest of better nutrition for infants.

Gerber® Baby Foods

FREMONT, MICHIGAN

*TODD, RICHARD H., M. D. ET AL. THE JOURNAL OF ALLERGY 28:436-448. 1957

RN · APRIL 1959 19



throbs all day, could explode



like a big rubber band



don't dare blow my nose

resolve sinus or frontal headache **Sinutab**

The misery of sinus headache can now be relieved with the single new prescription—Sinutab. Doctors and patients all over the country are finding it gives prompt, lasting relief.

Sinutab aborts pain / decongests / relieves pressure / and provides mild tranquilizing action to relax the patient.

When you have a patient suffering from sinus or frontal headache, check with your chief or supervisor for the use of Sinutab. Sinutab is a safe preparation which you may have full confidence in recommending.

DOSAGE: Adults: Two tablets every four hours. Prophylactically, one tablet every four hours. Children 6 to 12 years: one-half adult dosage. **FORMULA:** N-acetyl-para-aminophenol (APAP) 150 mg., (2½ gr.); Acetophenetidin, 150 mg., (2½ gr.); Phenylpropanolamine HCl, 25 mg., (½ gr.); Phenyltoloxamine Di-hydrogen Citrate, 22 mg., (⅓ gr.). **SUPPLIED:** Bottles of 30 tablets.

*TRADEMARK

20 RN · APRIL 1959



RN news

Suspension of 'Smoocher' Brings Strike Threat

Newsmen labeled it "The Case of the Smooching Nurse."

It began with a kiss in front of the nurses' home at Vancouver (B.C.) General Hospital. The student nurse who thus greeted her "date" was suspended for two weeks.

The student body, 500 strong, promptly threatened a walkout unless the hospital changed its rules.

At last report, hospital officials planned to meet with student council members.

Pérez Reflex in Infants May Reveal Damage

A study of 123 infants shows that the newly discovered Pérez reflex should be present during the first month. If it isn't, or if it persists beyond the third month, the central nervous system may be damaged.

So reports Dr. Hermann Vollmer of the Vanderbilt Clinic, New York City. He recommends this method of testing the reflex:

1. Place the baby face-down on an examination table, or hold him in your left hand.

2. Using moderate pressure, run your index finger or thumb along the spine from pelvis upward to the neck.

The reflex brings flexion of arms and legs, elevation of the head, lordosis, and a strong cry.

Director Warns Against 'Magic Pill' Peddlers

"There's no magic pill for arthritis," warns Dr. R. W. Lamont-Havers, medical director of the Arthritis and Rheumatism Foundation. "The arthritic patient must depend on tested drugs and exercise to help him lead a useful life."

In the past three years, he says, more than fifty Federal indictments have been returned against promoters of "miracle remedies" for arthritis.

X-Rays Called Perilous In Early Pregnancy

At no time during early pregnancy should a woman receive pelvic X-rays, either for diagnosis or treatment. And that includes the first forty days or so after conception, when a woman may not realize she's pregnant.

So, in effect, say Columbia Uni-

news

versity's Dr. Roberts Rugh and Erica Grupp in a report to the American Association for the Advancement of Science.

Experiments on mice show that pelvic X-rays may cause gross brain damage or even death of the fetus.

The embryo is especially sensitive in the period immediately following conception.

Open-Ward Care Tried For Alcoholics

Should a general hospital undertake open-ward care of acute alcoholics? Would nursing service in such a hospital be seriously dis-

rupted if intoxicated patients were admitted?

To find out, San Francisco's Mount Zion Hospital (305 beds) admitted sixty such patients for unsegregated care in two- to twelve-bed units. Included were some with hallucinations and delirium, but none who were violent or unmanageable. About a third were women.

The conclusions, as reported by Dr. Jack David Gordon and associates:

Acute alcoholism can be treated successfully in such units if (a) patients are carefully selected, (b) the nursing staff is properly in-



let the new KNOX LOW SALT BROCHURE save your time for even more essential tasks

Recent clinical research emphasizes the growing usefulness of low sodium diets in a number of critical conditions. You can save much time and repetitious talk by suggesting the new Knox Low Salt Brochure for all patients needing the benefits of a low sodium intake. Diets are based on Food Exchanges¹ and can be easily individualized by selecting one of three caloric levels—1200, 1800 and unrestricted—and by arranging sodium intake at levels of 250, 500 or 1,000 milligrams per day. Separate bibliography of 53 late references available on request.

1. The Food Exchange Lists referred to are based on material in "Meal Planning with Exchange Lists" prepared by Committees of the American Diabetes Association Inc. and The American Dietetic Association in cooperation with the Chronic Disease Program, Public Health Service, Department of Health, Education and Welfare.

doctrinized in their care, and (c) treatment includes use of tranquilizers.

Before the experiment started, two-thirds of the participating nurses didn't think it would work. Now 80 per cent feel that selected alcoholics should be admitted for ward and semiprivate care.

Board Warns on Use Of Vitamin K

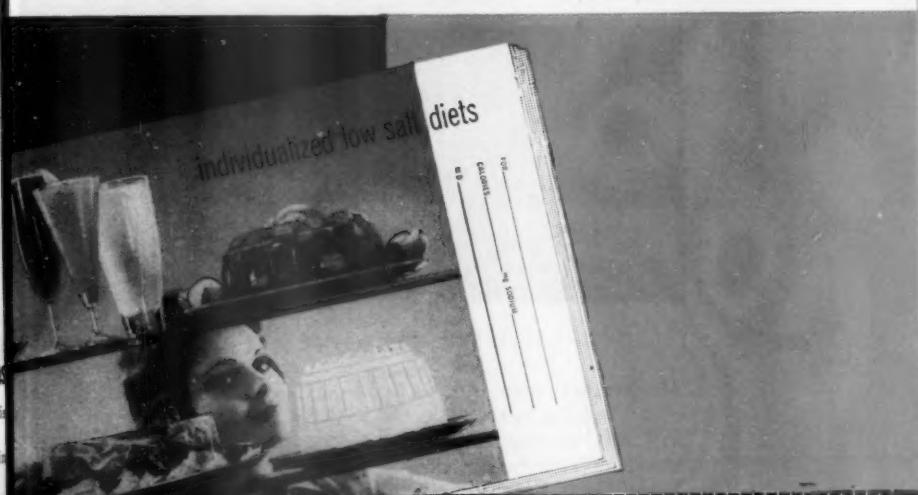
Some doctors routinely prescribe vitamin K for expectant mothers, to prevent hemorrhaging in the newborn. This practice isn't always warranted, warns the Food and Nutrition Board of the National

Academy of Sciences; for excess dosage of synthetic water-soluble K can cause kernicterus in the baby.

The board says there's no definitive proof that lowered serum levels in an infant's coagulation factors cause neonatal hemorrhage. It recommends K therapy only when there's evidence of liver disease, prematurity, anoxia, or erythroblastosis.

Fire Department Praised More Than Hospitals

Some 77 per cent of the public in the New York metropolitan area think the fire department does a



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Written cover to cover, 40 pages
of latest information on low sodium
diets, including 15 pages of kitchen
tested recipes, list of manufacturers
of low sodium foods and table
showing sodium content of drinking
water in major U. S. cities.

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Professional Service Department
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new edition of Knox Low Salt Diets with
personalized cover:

(your name and address)

news

good job. But only 55 per cent say the same about hospitals.

This fact emerged from a poll conducted by Elmo Roper and Associates for the United Hospital Fund. Other points:

¶ Practically nobody knew the difference between voluntary (non-profit), public (tax-supported), and proprietary (profit) institutions.

¶ Although 82 per cent of the public could name the nearest hospital, only 13 per cent said they'd choose to go there if sick.

¶ When questioned directly, 18 per cent said hospital personnel are "rude and inattentive." When

questioned indirectly (to avoid the inhibition of politeness), 44 per cent of those interviewed gave a similar answer.

Let Willing Criminals Die for Science?

If criminals under death sentence were allowed to become human guinea pigs, medical science would benefit immeasurably. So contends Dr. Jack Kevorkian of Pontiac, Mich. He suggests this plan:

The convicted criminal who volunteered would be anesthetized at the time set for the execution. Surgeons would then do experimental surgery (a delicate brain



new KNOX BLAND DIETS BROCHURE can provide time-saving dietary guidance

Modern management of gastritis, hyperacidity and peptic ulcer¹ continues to stress the valuable role of bland diets in these conditions. You can save considerable time and avoid tiresome repetition by suggesting the new Knox Bland Diets Brochure. Based on a recent review of the literature, **BLAND DIETS in Gastritis and Peptic Ulcer** presents basic facts patients need to know about bland foods, frequent feedings and high protein diet. Easily individualized, this new Knox Brochure enables the ambulatory, un-hospitalized patient to progress from a soft bland diet to a permanent bland diet via four specific menus.

1. Kirsner, J. B.: J.A.M.A. 166:1727, (April 5) 1958.

operation, for example) that would be too dangerous to perform on a noncriminal. At the end, they'd carry out the death sentence by administering an overdose of anesthetic.

A single such operation might advance medical knowledge further than thousands of animal experiments now do, Dr. Kevorkian says.

Nerve-Gas Antidote Aids Insecticide Victims

A dramatic new application has been found for PAM (pyridine-2-aldoxime methiodide), the antidote for deadly nerve-gas poison-

ing developed recently by Dr. Irwin B. Wilson of Columbia University.

Dr. Seiya Yamaguchi, Japanese toxicologist, reports that PAM has been used successfully to treat Japanese rice farmers poisoned by parathion, an insecticide.

The new compound reactivates the body's store of cholinesterase, an enzyme essential to breathing and other vital functions. This enzyme is knocked out of action by nerve gases and some insecticides.

Recent reports from Johns Hopkins Hospital indicate that PAM also helps myasthenia gravis patients. It strengthens muscles



NEW EDITION—

completely re-written—28 pages—including lists of food to avoid, permitted food and eight pages of tested, tasty recipes.

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Professional Service Department
Johnstown, N.Y. Dept. RN-498

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BLAND DIETS in Gastritis and Peptic Ulcer
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20 oz. bottles
at all drug stores.
Professional
samples are
available upon
request.



THE LAVORIS COMPANY
DEPT. RN-49, MINNEAPOLIS 1, MINN.

news

weakened by overdoses of anticholinesterase drugs such as neostigmine.

New Tying-Off Technique Prevents Miscarriage

Dr. Robert H. Barter and colleagues at George Washington University report encouraging success in combating cervical incompetence—the condition that causes some women to lose baby after baby in mid-pregnancy.

The surgeon ties off the neck of the uterus with Dacron tape. This keeps the embryonic sac from emerging prematurely. The baby is then delivered at term by Cesarean section.

Dr. Barter reports success in 87 per cent of some fifty cases. The procedure apparently doesn't prevent subsequent conception.

It was originated by a Bombay surgeon.

Bedside Carafes May Spread Infection

The bedside water carafe is "a potential vehicle for cross-infection," warns a team of investigators headed by Harvard's Dr. Carl W. Walter.

The investigators found staph in 68.9 per cent of the carafes of twenty-four Boston hospitals, coliform organisms in 21.7 per cent. In contrast, they found the water sterile in three of six hospitals using paper cups and glasses. Contamination of the other three came

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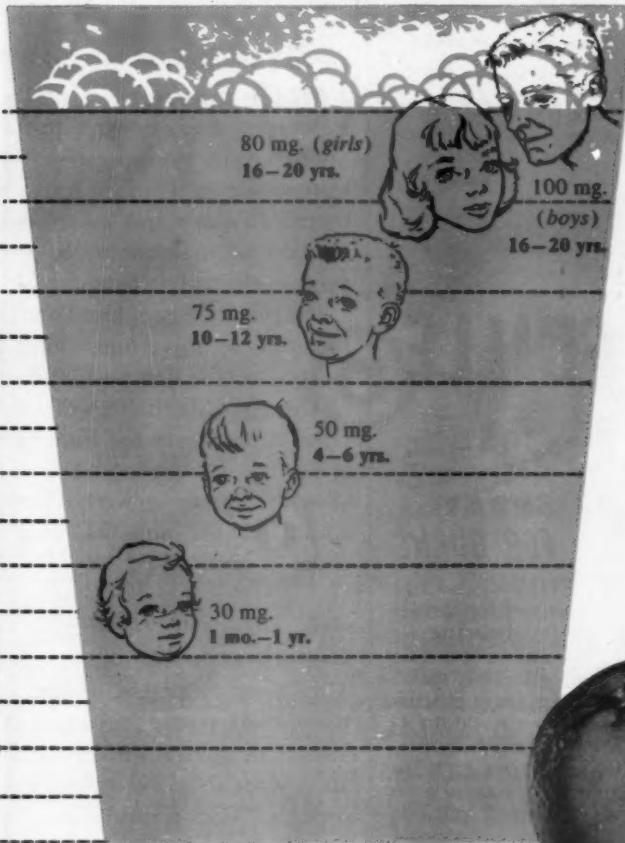
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intakes of vitamin C*



*Nat. Res. Coun.,
Pub. 302, 1953.



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ORANGES • GRAPEFRUIT • TANGERINES

news

HEAR CLEARLY AGAIN

Nerve deafness may cause words to sound unclear to you. You may strain to understand what is being said. Hearing strain may lead to tiredness, irritability and fatigue. Yet hearing strain is easy to take care of. A new booklet is out, telling all about how to correct hearing strain. It's called "Naturally, you can hear again". Send for your free copy. No obligation. (Sent to you in a plain wrapper.) Write

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28 RN • APRIL 1959

from stagnant water in carboy-type water coolers.

Suggest the investigators: Coolers should be processed by diet kitchen personnel. They should be heat-sanitized daily, filled from the water tap, completely emptied before refilling. When ice cubes are used, the cubes should be handled with tongs.

Bouillon Suggested for Post-Op Feeding

Parenteral therapy isn't the only approach to postoperative nutrition problems. Clinical tests show there's an easier and less expensive method of maintaining a proper protein-electrolyte balance.

The method? Beef bouillon broths feedings at three-hour intervals starting on the first post-op day.

These are the findings of a study team, reporting to the International College of Surgeons. The broth says the team, is well tolerated, stimulates the appetite, and encourages peristalsis.

Ask Nurses to Help Hepatitis Study

The Joint Blood Council asks blood-bank nurses to cooperate in a study of the transmission of hepatitis virus from donor-carriers to patients. For information, write Dr. Robert F. Norris, Pepe Laboratories, University of Pennsylvania, Philadelphia 4, Pa.

The council has just published the first national [More on 82]

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pyelonephritis

"the most important concept is that it is a tubular disease"¹

FURADANTIN®

brand of nitrofurantoin

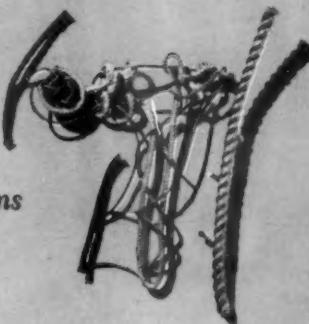
a most important characteristic: effective at the tubular level

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for using

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Available as Tablets, 50 and 100 mg.; Oral Suspension, 25 mg. per 5 cc. tsp.

References: 1. Smith, I. M., and Lenyo, L.: Am. Practitioner 9:78, 1958. 2. Jawetz, E., et al.: A.M.A. Arch. Int. M. 100:549, 1957.

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...double safety...
ready for instant use**

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literature and samples

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D-1

MASTECTOMY: A forty-four page booklet, "The Total Care of Your Mastectomy Patient", is a digest of a more extensive work on the subject of breast cancer. The book is calculated to help synchronize the teamwork between doctors and nurses in the care of mastectomy patients. IDENTICAL BREAST FORM, INC.

D-2

PAPER RASH: A description of the causes and organisms involved in diaper rash, prickly heat, intertrigo, and other minor skin infections, together with a discussion of the effectiveness of Caldesene Medicated Powder in these conditions, is found in a booklet from MALTBIE LABORATORIES DIVISION.

D-3

UNIFORM STYLES: The newest in uniforms and accessories for spring

and summer of 1959 is found in this elaborate catalog of WHITE SWAN UNIFORMS, INC.

D-4

STAPH PROTECTION: The problem of cross-infection continues to cause concern in hospitals, and new methods of dealing with staph are being reported. One of the newcomers is named Elimstaph. Bulletins and research information about it are offered. WALTER G. LEGGE CO., INC.

D-5

NATURAL SKIN OIL: Some dermatologic conditions may be characterized by a decrease in the amount of natural oil on the skin surface. For these the manufacturers of Sardo suggest their product as a bath additive. A folder and a medical journal reprint are offered. SARDEAU, INC.

D-6

NEWLY DESIGNED PATIENT GOWN: The Palm Patient Gown is presented as a new development in this type of garment with features which add both to the comfort of the patient and to the convenience of the nurse. An illustrated folder is offered by PALM GOWN CO., INC.

D-7

CIRCLE DESIRED ITEMS, CLIP COUPON, AND MAIL TO.....

RN READERS' SERVICE DEPT.
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April, 1959
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MALPRACTICE INSURANCE

Where to get this insurance, how much it costs, how much of it you need, and some exclusions to watch out for

By Clare Phillips, R.N.

Suppose, after weighing your need for a malpractice policy, you decide it's a "must" for you. Then suppose you ask your local insurance agent about it and he looks at you blankly and says, "Sorry, I've never handled it."

If this happens, you'll have learned—as some other nurses

have—that buying professional liability insurance is somewhat less simple than shopping for a uniform or a pair of shoes.

You can buy it, though, no matter where you live. And you can get adequate coverage, no matter what kind of nursing you're in. Here's what to do:

If you're a member of the

THIS ARTICLE is the second of two on professional liability, or malpractice, insurance. The author presented the pros and cons of the nurse's need for such insurance in RN last November.

MALPRACTICE INSURANCE

American Nurses Association, write your state headquarters or your national headquarters in New York City. Either one will send you information about group coverage provided by the St. Paul (Minn.) Fire & Marine Insurance Company and its affiliates.

Your state association may

also send details about the group coverage offered by Lloyds of London through Maginnis & Associates, Inc., Chicago. I say "may" because not all state nurses' associations use Lloyd's.

Insurance companies, you will find, offer you a choice of limits—from \$5,000/\$15,000 to \$50,000/\$150,000. The first amount

How Can a Nurse Be Sued for 'Malpractice' When She Doesn't Practice Medicine?

Scores of letters from *RN* readers have asked the above question. The answer is simple:

Although a nurse doesn't practice medicine, she *does* practice nursing, and she *can* be judged guilty of having *malpracticed* her profession.

Here are some pertinent comments by authorities:

¶ A California Appellate Court: "Malpractice [professional negligence] is the neglect of a physician or a nurse to apply that degree of skill and learning in treating and nursing a patient which is customarily applied . . ."

¶ Milton J. Resnick, LL.B., and Bernice E. Anderson, R.N., Ed.D., in "Nursing Practice and the Law": The limited application [up to now] of the term malpractice in describing negligent nursing acts is related undoubtedly to confusion in the identification of nursing functions . . . Increasing lay and legal knowledge of the activities included in . . . nursing practice will gradually, but firmly, cause a . . . more certain application of the term malpractice to identify negligent nursing acts . . ."

group covers any single claim against you; the second covers all claims within a year.

I say You'll pay around \$7-\$9 yearly for the lowest coverage, about \$15-\$17 for the highest. You can save a couple of dollars a year on these premiums by taking out a three-year policy.

If You're a Nonmember

If you don't belong to the A.N.A., you'll have to buy your insurance through a local agent who handles fire, casualty, and accident policies. If he gives you the puzzled-shrug treatment when you ask about malpractice coverage, tell him to contact his broker. A hundred-odd member companies of the National Bureau of Casualty Underwriters, New York City, offer professional liability insurance.

Minimum coverage (\$5,000/\$15,000) by these companies costs \$10 a year for most nurses. No discount is allowed for a three-year contract. The cost for higher coverage varies from state to state.

Where Rates Are Higher

If you live in New York or Louisiana, you'll have to pay a higher rate no matter what com-

pany you get your insurance from. And you can usually take out a policy for only one year.

If you give anesthesia or X-ray therapy, you'll have to pay more. But there's one exception: The St. Paul companies charge a higher rate for nurses in this work *only* if they practice in New York or Louisiana.

Of course, the greater your job responsibility, the more coverage you need. For example: If you're a supervisor, you'll be wise to buy higher amounts than if you're a staff nurse working mostly under the direction of others.

Risk Varies by State

Also, it's wise to consider your location when deciding the amount of coverage. If you work in California, for instance, you probably know that California courts have awarded some large malpractice judgments. As a result, the California State Nurses Association was the first in the nation to secure group insurance for malpractice. In other states, such as Mississippi, the risk is considerably less.

Regardless of the amount of insurance you get, take time to read your policy. Make sure you

MALPRACTICE INSURANCE

know exactly what it covers and doesn't cover.

Every liability contract has what insurance people call exclusions. Some policies, for ex-

ample, release the company from any responsibility for a negligent act you may perform "while under the influence of intoxicants or drugs." [More on 72]

Don't Underrate the Office Nurse!

By Lee Abbott, R.N.

Some R.N.s apparently see the office nurse as low gal on the nursing totem pole. They rate her below the hospital nurse, the private duty nurse, and other types of nurse-specialists.

As an office nurse, I challenge this attitude.

How many hospital or private duty nurses make electrocardiogram tracings? How many do hemoglobin readings? How many understand the procedures for the Papanicolaou cancer test, the Trichomonas test, and the test for thrush? How many run urinalyses, including microscopic findings and tests for bile and occult blood?

How many do skin tests for mumps and give gamma globulin as a measles preventive, after personally determining the correct dosage? And how many have even heard of Dr. Charles Birnberg's "Tes-Tape" cervical or vaginal method to determine ovulation time?

All these procedures were either unknown or pure theory to me when I became an office nurse two years ago.

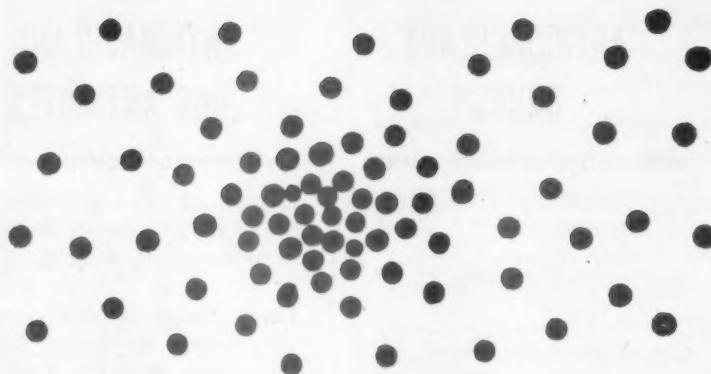
Since then I've learned more than I ever dreamed possible. What's more, there's no end to what I can continue to learn as new drugs, new treatments, and new clinical apparatus are developed.

To be rated second-class by some misguided R.N.s is a small price to pay for first-class nursing experience. END

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Drugs to Treat Blood Clots

**This report will help you
know what the doctor's doing when he
fights thrombi and
emboli with these potent new drugs**

BY MORTON J. RODMAN, PH.D.

More people over fifty die each year from blood clots than from any other cause. Added thousands, young and old, suffer from critical and hard-to-cure thrombi, emboli, and resulting blood-clot disabilities.

For decades scientists have sought drugs to combat these common enemies. They've found such drugs in fermented cattle fodder, in the sperm of salmon,

in the enzymes of hemolytic streptococci. They have also learned how to synthesize some of them.

These potent anticoagulants—both natural and synthetic—save scores of lives each day by (1) stopping the growth of dangerous clots and (2) preventing the start of new clotting.

To understand how the anticoagulants work, we need to re-

THE AUTHOR is Professor of Pharmacology at the College of Pharmacy, Rutgers University, Newark, N. J.

DRUGS TO TREAT BLOOD CLOTS

ANTICOAGULANT DRUGS

HYPOPROTHROMBINEMIC AGENTS

Acenocoumarol, N.N.R.
(*Sintrom*)

Bishydroxycoumarin, U.S.P.
(*Dicumarol*)

Cyclocumarol (Cumopyran)

Diphenadione, N.N.R.
(*Dipaxin*)

Ethyl Biscoumacetate, N.N.R.
(*Tromexan Ethyl Acetate*)

Phenindione, N.N.R.
(*Danilone, Eridione, Indon, Hedulin*)

Phenprocoumon (Liquamar, Marcumar)

Warfarin Sodium, N.N.R.
(*Coumadin Sodium, Prothromadin, Warcoumin*)

ANTITHROMBIN AGENTS

Dextran Sulfate (Mepesulfate; Paritol)

Heparin Sodium, U.S.P.
(*Liquaemin Sodium, Hepathrom, et al.*)

ANTICOAGULANT DRUG ANTIDOTES

ANTI-HYPOPROTHROMBINEMIC TYPE

Menadiol Sodium Diphosphate, U.S.P. (Synkayvite Sodium Diphosphate, Vitamin K)

Menadione, U.S.P. (Vitamin K Synthetic, Kappaxin, Kay-quinone, Kayklot, Kolklot)

Menadione Sodium

Bisulfite, U.S.P. (Hykinone)

Phytonadione, U.S.P. (Vitamin K₁, Mephyton)

Phytomenadione (Konakion)

Amino-Methyl-Naphthol (Synkamin)

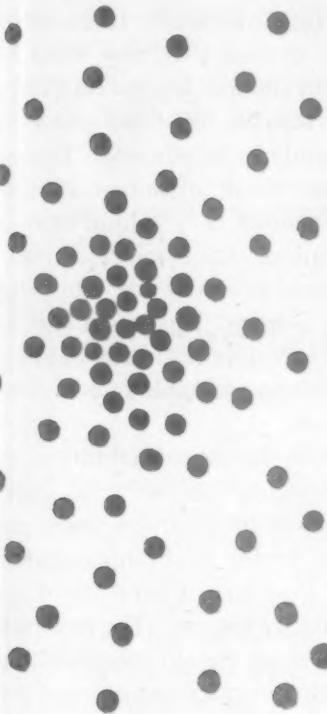
HEPARIN ANTAGONISTS

Protamine Sulfate, N.F.

Tolonium Chloride, N.N.R.
(*Blutene Chloride, Toluidene Blue*)

Hexadimethrine Bromide (Polybrene)

Each entry on this list starts with the official or generic name of the drug, followed, in parentheses, by its trade name(s) or synonym(s).



FIBRINOLYTIC AGENTS

*Trypsin Crystalline, N.N.R.
(Parenzyme, Tryptar)*

Streptokinase

Streptodornase

*Streptokinase-Streptodornase,
N.N.R. (Varidase)*

*Purified Plasmin (fibrinolysin)
(Actase)*

view the mechanism of blood-clot formation. Whenever something injures the vascular walls, upsetting the delicate balance between clotting and anticoagulating factors of the blood, this mechanism goes into action as follows:

The damaged tissues release thromboplastin; the thromboplastin converts prothrombin, a plasma protein, into thrombin;

The thrombin changes the soluble blood protein, fibrinogen, into fibrin;

The fibrin precipitates out in a tangle of thin threads;

These threads trap the blood cells in a jelly-like mass that contracts to form the clot.

The anticoagulant drugs cut down thromboembolic trouble by breaking links in this chain. For example, in treating thrombophlebitis they keep new clots from forming in the inflamed veins. This lessens the danger of embolism. For thrombi are less likely to break off and circulate through the vascular tree to lodge in a vital organ.

One anticoagulant group, the hypoprothrombinemic agents, interfere with the second step in blood-clot formation. They prevent the production of pro-

DRUGS TO TREAT BLOOD CLOTS

thrombin by the liver. Among these agents are the synthetic coumarin compounds such as bishydroxycoumarin (Dicumarol).

Unfortunately, the coumarin derivatives sometimes work too slowly. And some of them, such as bishydroxycoumarin, have a variable rate of absorption that makes it hard for the doctor to predict how rapidly the drug will work, or how well.

The drug may take several days to lower prothrombin production to an effective level. Or it may cut down the production too much, causing spontaneous bleeding.

A second group of anticoagulants, the antithrombin agents, affect the third step in clot formation. They keep thrombin from changing fibrinogen into fibrin.

A Faster-Acting Drug

One of these antithrombin agents, heparin, does its work immediately. This makes it more useful in emergencies than the coumarin derivatives.

Most doctors use heparin to treat pulmonary embolism or a severe coronary attack. It keeps clots from growing and choking

off blood flow in a partially thrombosed vessel. It also lessens the chance that new clots will form and quickly kill the patient.

Heparin must be given frequently to be effective. To overcome this disadvantage, it's often suspended in a gelatin-dextrose solution, then injected into a muscle or under the skin, forming a depot. This lets it slip into the blood more slowly and keeps it effective for as long as eighteen hours.

Despite the availability of this delayed-action way of giving heparin by injection, most doctors prefer oral anticoagulants for long-term treatment of ambulatory patients. The oral products enjoy the advantages of relatively low price and obvious convenience. Some heart-attack patients have taken these drugs daily for years without ill effects.

Meanwhile, the search for still more effective and safer anticoagulants continues. Just recently manufacturers have introduced several new ones.

Some, like acenocoumarin (Sintrom), work within twenty-four to forty-eight hours; and their effects wear off sooner than the older drugs. These properties mean faster, more predict-

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able control. There's also less danger of prolonged bleeding from an overdose.

Of course, the doctor still must use caution. If he's giving any

hypoprothrombinemic agent, he makes a daily prothrombin time-test. After the prothrombin level stabilizes at 20 to 30 per cent of normal, he [More on 64]

Look Out for the Loaded Question

By Flora Murray, R.N.

You're wise to think twice before you answer questions from patients. Often a patient fishing for information uses a seemingly innocent question as bait.

"Do you like psychiatric nursing?" a woman patient in a psychiatric unit asked.

"Yes" almost escaped the nurse's lips. But, remembering that the patient had asked loaded questions before and guessing what she really sought to learn, the nurse stopped herself in time and said instead:

"Well, it has its drawbacks: I like to be part of a doctor-nurse team. And in psychiatric nursing I can't be."

"Why not?" asked the patient.

"Because," said the R.N., "in this field everything is strictly private between the patient and the doctor. When the doctor walks into the room, the nurse walks out. So she has little or no feeling of participation in the treatment of a case."

The patient beamed. She'd been told exactly what she wanted to know!

For weeks she'd been fearful that her psychiatrist would reveal to the nurses what she said in the consultation room. And this fear had kept her from being frank with him.

It took an astute R.N. to set her straight.

END

OF THEE I SING, *Babies!*

**Nowhere else in the hospital, says this nurse,
are the rewards so gratifying as on the pediatric floor**

BY CECILIA L. HARGROVE, R.N.

I love pediatrics. The little people who are physically out of order are ten times more interesting than their elders. So for my forty hours a week, give me the small fry every time!

First there's the matter of pure esthetic pleasure. I'm happiest and do my best work where there's beauty. And certainly the pediatric division of a hospital teems with the most inspirational form of beauty there is.

When Emerson praised "the

"delicious faces of children" he knew whereof he spoke. Whether children are prone, supine, semi-sitting, creeping, crawling, or ambulatory; whether in Fowler's, Trendelenburg, or knee-chest position; whether swathed in bandages, upended in double-leg traction, or partially covered with casts—they do have truly "delicious faces"! Merely to look at them is to be refreshed, elevated, enriched.

Then there are the babies, in which any self-respecting pedi-

THIS ARTICLE has won one of the 1958 RN Awards for its author, a pediatric nurse in Bay Shore, N. Y.



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atric department abounds. And here I ask you: What's as beautiful as a baby? A baby's a symphony in protoplasm from the crown of its lovely little egg-head smack down to its ridiculously inept-looking toes.

Adult patients in this do-it-

yourself era no longer require the fussing-over that marked bedside nursing of the past. Even the bed bath, unless self-inflicted, is becoming increasingly rare.

Not so on pediatrics! The fascinating denizens of this department really *need* a nurse's

OF THEE I SING, BABIES!

loving, expert care. So you service the little darlings from stem to stern—bathe them, groom them, feed them, medicate them, treat them, comfort them, divert them, cuddle them. These are gratifying tasks for the woman who chose nursing because she wanted to help the helpless on a person-to-person basis.

Another advantage: On pediatrics you seldom have this bizarre, new-fangled business of dividing the patient into small bits—then assigning one bit to each of a half-dozen nurses. Instead, old-fashioned one-piece nursing still prevails.

On this score alone, the pediatric nurse who [More on 66]

A Bib for the Elderly

By Shan O'Laughlin Durkin

If you have an oldster or invalid to take care of who can't avoid spilling food, here's a handy timesaver:

For our 86-year-old mother, a part-time bed patient with poor eyesight, we bought a supply of quick-drying turkish hand towels. To the two corners of an end of each towel we sewed the ends of an 18" length of $\frac{3}{4}$ " nylon tape. This makes a loop big enough to slip over her head.

The result is a good combination napkin-bib. Its prime advantage is that when something's spilled on it, we simply rinse it out and hang it up to dry for the next meal. Once a week, we launder the soiled bibs in the automatic washer. Not even the tapes need to be ironed.

We use striped patterns for the bibs so we can easily sort them from our solid-color bathroom towels.

Conventional bibs are too short. And they're humiliating to wear. Towel-type bibs help overcome these drawbacks.

We're always careful to refer to them, of course, as "Mother's napkins"—never as "bib." This is important to the aged.

END

TOXOID OR ANTITOXIN?

An experienced M.D. tells
which of these tetanus injections
your patient should get

By Heinrich Lamm, M.D.

"Give him a tetanus shot," says the doctor, after examining, or getting a phone report on, the injured man's wound.

But before the R.N. carries out the order she asks: "Which shall it be, Doctor, toxoid or antitoxin?"

As she gives the patient the proper injection, other questions about tetanus prophylaxis may flash across her mind—particularly if she has been out of training for some time.

The author of this article practices in an area where tetanus spores are rampant. Here he offers R.N.s, in handy form, the important facts on tetanus prophylaxis.

Which acutely injured patients need tetanus prophylaxis?

Those with puncture wounds and other dirty soft-tissue wounds, bullet wounds, open fractures, burns, perforating injuries of the eyeball, and criminal abortions (to name some of the more common indications).

In these cases the doctor us-

ually will order an injection at once. But he may withhold it from patients who (1) have recently completed a tetanus toxoid immunization series, (2) have recently had a booster injection of toxoid, or (3) are highly allergic to antitetanic preparations.

The doctor knows if tetanus

TOXOID OR ANTITOXIN?

infection is common in the area, so this will also influence his decision.

If he does order the shot, he will decide whether to specify toxoid or antitoxin, depending on certain facts in the case history. Often it is up to the R.N. to gather these facts, and that's why she needs to know what facts determine the doctor's decision.

When They Take Effect

How soon does antitoxin protect the patient?

Antitoxin protects within hours.

How about toxoid?

Toxoid protects within a few days, but only if the patient already has toxoid-induced immunity. If he has had a toxoid shot within the past ten years, the new shot will strengthen his immunity early enough to protect him from tetanus.

How long will the protection last?

Antitoxin protection lasts a few weeks only.

Toxoid protection lasts for several years; it diminishes slightly as time passes. Booster shots of toxoid should be given at least every five years and at

the time of injury if protection is to be maintained.

What are the sources of antitoxin and of toxoid?

Most tetanus antitoxin is made from horse serum. Only rarely is antitoxin made from cow serum used.

Toxoid is made from killed tetanus bacilli.

Is there danger of adverse reactions?

Yes. Some people are allergic to the horse serum in the antitoxin. The most severe reaction is anaphylactic shock. It can be fatal.

Usually no precautions are necessary with toxoid. A very few people are allergic to the protein in it, but as a rule not seriously so.

How can you beware of adverse reactions to antitoxin?

By not giving it to people sensitive to horse serum (except with special precautions ordered by the doctor).

Test Sensitivity First

Before you inject antitoxin, give a skin test, as described in the leaflet that comes with the package. This will produce a skin wheal. Check the wheal after ten minutes.

Redness and swelling of the wheal and of the skin around it suggest sensitivity to horse serum. This is your cue to call the

doctor. If the doctor says to give the shot anyway, give it *only in his presence*.

Do not discuss with your pa-

The Best Time to Trade In a Car

Are you hesitant about buying a new car because the old one seems in such good shape? There's a rule of thumb to help you here:

The time is generally ripe for a trade-in, says Runzheimer and Company, a Chicago firm of research engineers, when your car has reached either a certain age or a certain mileage—whichever comes first. For example:

¶ Get rid of your *low-priced* automobile when it's two and a half years old and/or has been driven 45,000 miles.

¶ Unload a *medium-priced* car after three years and/or 60,000 miles.

¶ Trade in a *high-priced* car after four years and/or 80,000 miles.

But note: Age and mileage don't *always* tell the true story of a car's condition. Good or bad care can make your car "younger" or "older" than the speedometer figures say it is.

Here are some other tips:

1. You probably won't get more for your old car by adding minor accessories (such as seat covers).

2. Open-top convertibles and station wagons depreciate faster than other models and have a relatively lower trade-in value.

3. If possible, look for a deal in April, May, September, or October. They're the months when the *used-car* business is at its peak.

END

TOXOID OR ANTITOXIN?

tient the reason for the skin test or the results. The doctor *may* give the antitoxin even though the skin test was positive.

What should you do about shock?

In rare instances, shock may occur from the skin test or from the antitoxin (even after a negative skin reaction). Still more rarely, shock may follow use of toxoid. If shock occurs, call the doctor and immediately:

(1) Apply a tourniquet above the site of the injection to slow up absorption;

(2) Inject 0.5 cc. of a 1:1,000 solution of epinephrine (Adrenalin) intramuscularly, or a few drops intravenously;

(3) Place the patient head-low and give oxygen (apply mouth-to-mouth respiration if needed).

When should you give antitoxin?

Use antitoxin for immediate, short-term protection, when toxoid would work too slowly because the patient has no "boostable" toxoid-produced basic immunity. Just remember, though, that antitoxin is much more dangerous than toxoid and that its effect is relatively short-lived.

When should you give toxoid?

Whenever you *know* the injured person still has basic toxoid-produced immunity. As previously mentioned, he still has "boostable" immunity if he has received toxoid prophylaxis—or a booster shot—as long as ten years ago. One injection of toxoid at the time of injury is then adequate (except in very severe cases, when the doctor may order both toxoid and antitoxin).

To Check for Immunity

How do you find out whether a patient has basic immunity to tetanus?

By asking questions along these lines:

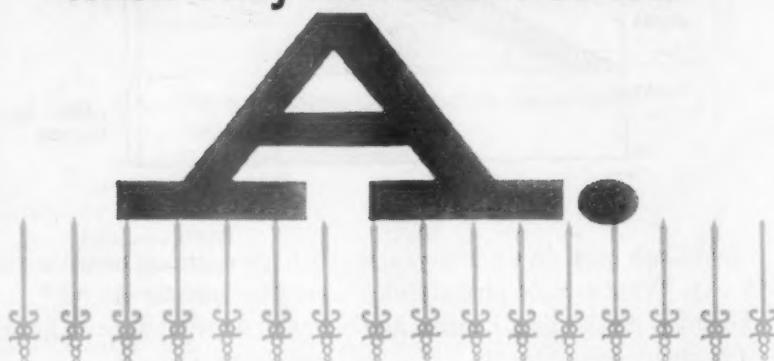
(1) "Have you been in the armed forces?" (All who have served in the armed forces of the United States within the past ten years have "boostable" immunity. You need no further proof.)

(2) "Do you carry an immunization record with you?"

(3, concerning children) "Are you sure your youngsters have had their D.P.T. immunizations—that is, their three-way shots?" (If a parent tells you his child has had "all the shots they give in school," it does not necessarily mean he has had toxoid. Many schools do not [More on 70]



When They Ask About Cancer



Since 1937, cancer has been the nation's Number 2 killer (heart disease is Number 1). So most nurses find themselves constantly beleaguered by questions about cancer from patients, friends, and even chance acquaintances.

Here, digested from a recent U.S. Government study,* are the correct answers to the questions

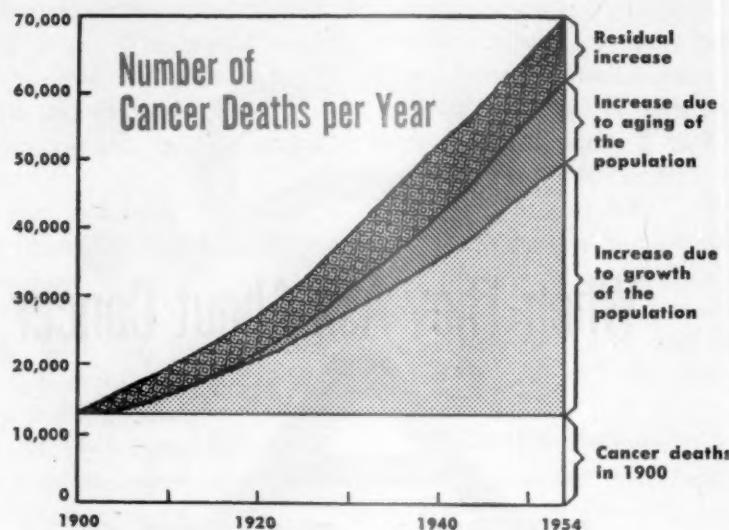
that people ask most frequently:

Q. Are cancer deaths increasing in number?

A. Between 1900 and 1954, cancer deaths rose from 12,769 to 71,564 in a selected study area (ten states and the District of Columbia). Part of the increase was due to population growth and to aging of the population. Some was probably the result of improved reporting of causes of death. But most observers suspect a true increase in the can-

*The complete study ("The Extent of Cancer Illness in the United States") is available from the U. S. Government Printing Office, Washington 25, D.C. Price: 25 cents.

WHEN THEY ASK ABOUT CANCER



cancer death rate in recent years.

Q. What are the probabilities of (1) developing cancer and (2) dying from cancer?

A. Probabilities vary with sex, present age, and other factors. U. S. persons born in 1950, for example, have the following estimated probabilities (based on present morbidity and mortality experience):

	Probability of Developing Cancer	Probability of Dying From Cancer
Males	1 in 5	1 in 8
Females . .	1 in 4	1 in 7

Q. Does the cancer death rate vary with age and sex?

A. Yes. It rises with age, but

is higher among men than women after middle age.

Q. At what ages do most cancer deaths occur?

A. Among both men and women, in the group from 65 through 74.

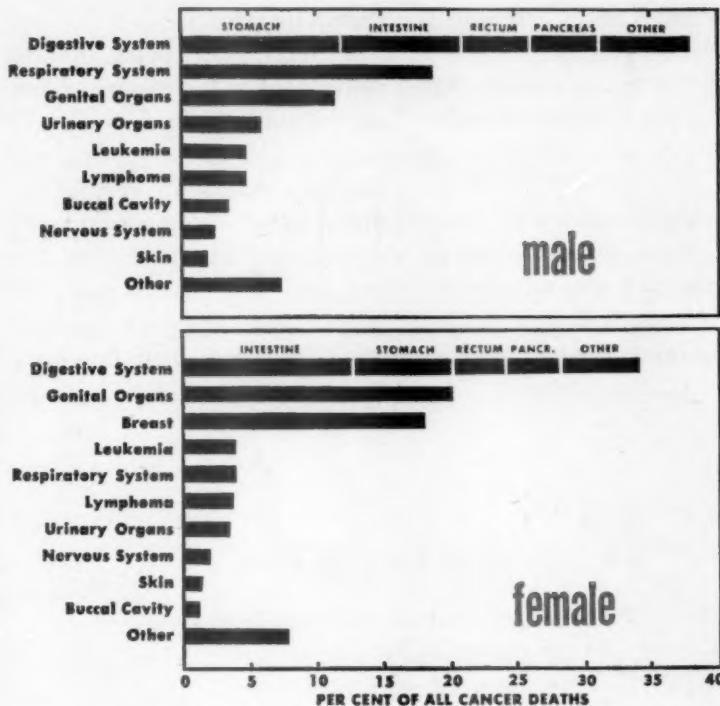
Q. Does the probability of dying from cancer rise with age?

A. No. It declines after age 35 for females, after age 55 for males. Reason: Death rates from other diseases increase even more rapidly at higher ages than do cancer death rates.

Q. How are cancer deaths distributed by primary site?

A. The digestive system ranks first for both sexes. For other

Cancer Deaths by Primary Site



FIVE-YEAR CANCER SURVIVAL RATES, BY TREATMENT*

Site	Surgery	Radiation	Surgery and Radiation
Skin	72.5%	68.8%	73.3%
Buccal cavity and pharynx	69.0	42.0	30.1
Cervix	88.8	56.7	66.7
Corpus uteri	83.8	28.8	65.4

*Connecticut, 1947-51.

More ►

WHEN THEY ASK ABOUT CANCER

primary sites, see the graph at the top of page 51.

Q. What cancer treatment produces best results?

A. Curative treatment has generally been limited to surgery, radiation, or a combination of the two.

For most primary sites, comparison of the results is impossible, since each responds best to a particular method. But for four sites commonly treated by surgery or radiation alone, a Con-

necticut study gives the comparisons of five-year survival rates shown on page 51.

Q. Has there been any improvement in the results of cancer treatment?

A. A rise in the survival rate has been noted for several primary sites, including large intestine, rectum, cervix, and corpus uteri. But survival prospects remain virtually unchanged for many other sites, including stomach, lung, and breast. END

Mrs. McWhine in 409

There's little that I ask for, Nurse,
Except my coffee hot,
My toast just right, my two eggs boiled
Four minutes—on the dot.

Don't stop what you are doing, Nurse;
My wants can wait, no doubt,
For twenty seconds, more or less,
Before I bawl you out.

There's little I require, Nurse,
That anyone can't do:
A Nightingale on roller skates
With seven aides—or you.

—GWYNNE SCHMIDT

*For each previously unpublished verse accepted, RN will pay \$10 to \$25.
Address: Verse Editor, RN, Oradell, N.J.*

'... and Courage for the Day'

BY VIDA HUFF VAIL, R.N.

The voice on the phone was now desperate: "But it's just for a few nights. You *will* help us out, won't you?"

To say yes would mean giving up a long-planned vacation. It would also mean another terminal case —something I didn't feel equal to so soon after the last one.

But I said yes.

My patient's face was in shadow when I entered his room at the hospital. His emaciated body made only a small mound under the shroudlike sheet. A sump pump in his chest incision sougued softly.

As I counted his sluggish pulse, I looked up from my watch to find his eyes welcoming me.

Thus I met the man I'll call Carl Kendall—a meeting I wouldn't trade for a thousand and one vacations.

Carl Kendall was a small-town newspaper man who ranked high in journalistic circles. He'd won wide recognition for his ability to report simple, everyday doings in a sincere, homespun style. His friends were legion. They included (as his roomful

THIS ARTICLE won one of the 1958 RN Awards for its author, a private-duty nurse in Cheyenne, Wyo.

'... AND COURAGE FOR THE DAY'

of flowers testified) scores of politically famous figures and nationally known celebrities.

I didn't need to be falsely cheerful with Carl. I didn't need to carry on the usual "You're-doing-fine" sort of bluff. He knew that he was dying and he wasn't afraid.

Sometimes—in the twilight mood that follows narcotics—he'd talk wistfully of happier days, of plans he'd made for the future of his two youngsters. But such comment was comment only, with no hint of self-pity or complaint.

Once he asked the young doctor to promise that "when the time comes" there'd be no last-minute measures to sustain life: no stimulants, no I.V. fluids, nothing else of the sort. The doctor promised—then had trouble giving me the order in a forced professional voice.

One night as I checked Carl's dressings I found them saturated with blood. "I'll have to get the doctor," I said. "You know that, don't you?"

He nodded. But his eyes seemed to say, "Why bother? This is it."

I honestly hoped so. "Please, God," I prayed silently, "let this

be the end of his suffering." Reluctantly I then called the doctor.

He came and sutured the small bleeder, and I redressed the wound. When I'd finished, Carl said almost triumphantly: "Nearly made it that time, didn't I?"

Later, while he slept, I wondered: Had I done right to check the dressing? If I hadn't, his suffering would probably have ended without a murmur . . . The age-old dilemma again came to mind: Where does our duty end and interference with the divine plan begin?

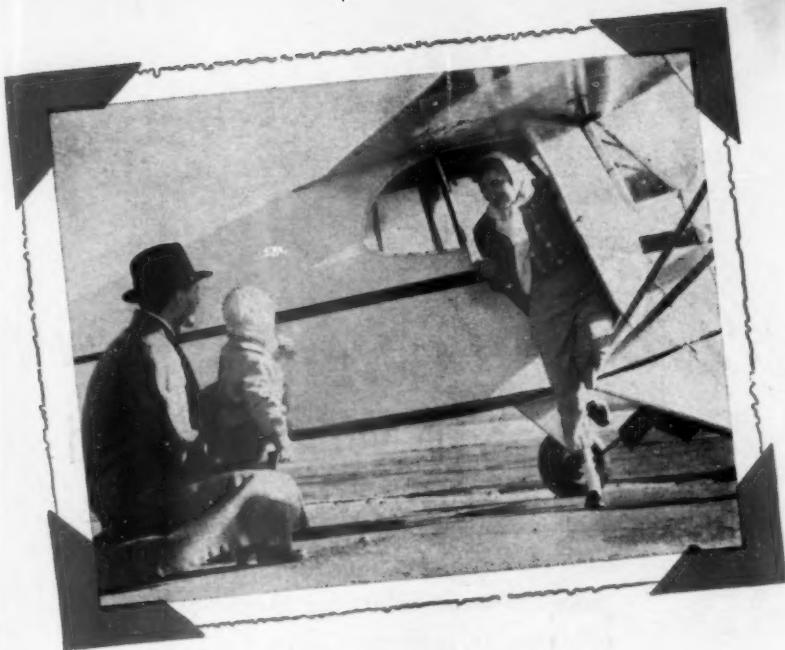
'Not Far to Go'

A few nights later, as I bathed his ashen face and gently rubbed the bony prominences of his back, he forced a few words past the terrible bolus in his throat: "There isn't far to go now." And he was right.

He died that night.

Among his belongings I found a small notebook in which (when he felt able) he used to jot down his thoughts. The book fell open to its final entry—and through tear-filled eyes I read: "God grant me grace through the night and courage for the day."

God had done so, in full measure. END



Nurse-Flier

As an offset to the strain of a heavy schedule of staff nursing, Janice Alderman, R.N., of Hartford, Conn., began taking flying lessons at her local airport in 1954.

One of her fellow students was George Campbell, whom she later married. Both are now enthusiastic pilots. Mrs. Campbell got her license in 1956; her husband got his in 1957. They fly whenever possible, and hope some day to own a plane.

The picture shows big and little Georges meeting Janice on her return from a recent solo flight. Two-year-old George Jr. needs so much of his mother's attention that she now does relief nursing only, one night a week, at Hartford Hospital.

Mrs. Campbell's other interests include graphology and writing. An article by her ("Your Patients Can Widen Your World!") appeared in the February, 1959, issue of *RN*. END

Industrial Nurse: Alice in Wonderland

*Slip through the looking glass and
meet the most hilarious characters ever to
brighten an infirmary door*

By Doris Rovner, R.N.

What's it like to be an industrial nurse? More fun than a barrel of monkey wrenches. But come to work with me today and see for yourself.

7:59½ A.M.: I arrive at my factory infirmary—a one-room, one-nurse set-up. Less than one minute after I take off my hat and coat . . .

7:59¾ A.M.: Here he is—Hangover Patient No. 1. (Nos. 2 to 17 inclusive will be along presently for *their* aspirin.)

8:01 A.M.: Seven new employees must be oriented immediately. This highly specialized chore consists of pointing out the location of the men's and ladies' rooms.

8:02 A.M.: Employe Joe Sootzoot pops in to report that he's O.K. and back on the job after a bout with dandruff. (Various other absentees are soon waiting in line for me to absolve them from various other forms of absenteeism.)



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8:03 A.M.: Yesterday's cut fingers, bashed elbows, and black eyes start pouring in. (Along about now, I could use a little of that outer space the scientists say is so plentiful.)

8:30 A.M.: The white-collar workers arrive with a variety of complaints ranging from hangnail to "What's good for my Aunt Sarah's rheumatism?"

8:45 A.M.: Four male employees, suffering from sore muscles, ask for heat-lamp treat-

ment. All four are members of the company bowling team.

9:15 A.M.: The morning mail arrives, with greetings from two insurance companies. Writes No. 1: "Your employe, J. Hoyle, claims he fell on his head while working. What was he doing?" Writes No. 2: "Please inform your employe, J. Boyle, that we will not pay his hospital bill inasmuch as he's covered by four other hospitalization plans."

Investigation reveals that we

INDUSTRIAL NURSE

have neither a J. Hoyle nor a J. Boyle on the payroll. But we do have a J. Doyle—who *didn't* fall on his head and who insists he has contracts with only *three* other hospitalization insurance plans.

No Time for Typing

9:50 A.M.: After losing a lot of time listening to J. Doyle's arguments, I type off suitable replies to the insurance companies. At least I start to. But . . .

9:51 A.M.: A girl with a runny nose and another with a frog in her throat require medication. The runny nose says the napkin dispenser is stuck.

9:54 A.M.: I unstuck it. (You don't need an engineering degree around here, but you'd better be mechanically inclined.)

10:00 A.M.: A man, just hired, comes in for his pre-employment exam. While we're waiting for the doctor (already thirty minutes late for his weekly visit), I tell the man a urine specimen will be required and direct him to the toilet.

Wanted: One Plumber

10:02 A.M.: The toilet—better known as Old Faithful—picks this moment to go on a rampage:

It refuses to stop flushing. Our newcomer, plainly disconcerted, doesn't know whether to apologize or make like a plumber. "Pay it no mind," I tell him. But the poor guy finds it difficult to answer the usual pre-employment questions amid the Niagara Falls sound effects.

It's Flood or Drought

10:45 A.M.: The maintenance crew arrives to tackle the still-flushing toilet. But despite much clang and banging of pipes, Old Faithful refuses to be conquered. In fact, it suddenly goes berserk in a big way and all but engulfs us in a miniature tidal wave. This spurs the crew into furious action. Result: Old Faithful is knocked out—and remains flushless for days.

11:15 A.M.: Peace—it's wonderful!

11:15½ A.M.: Well, it *would* have been wonderful if this phone could be ignored. (The state compensation board, it seems, can find only one copy of an accident report that's supposed to be filed in triplicate. So will I please send them immediately a new report—but *immediately*, etc., etc.)

11:20 A.M.: The infirmary

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door flies open and a voice shouts, "Come quick! A man's been electrocuted in the other building!" (Something told me there'd be an emergency the minute the doctor left.)

As I dash to the other building, I remember that artificial respiration must be started instantly if the victim is unconscious. So I begin a rhythmic count to set the proper timing. *More*►

Spring

*When flowers awake from their long sleep
And from the woods and gardens peep—
The grass so green, the sky so blue . . .
Seems all outdoors is calling you!*

—ANNA B. SMITH



NURSES ON GROUNDS OF THE OTTAWA, CANADA, CIVIC HOSPITAL

INDUSTRIAL NURSE

Meanwhile, I set a new record for the quarter-mile run—which means that I arrive at the scene of the accident in worse shape than anybody, including the victim. He has not only recovered but is telling his audience about his lucky escape. (Somebody, it seems, had managed to get the power shut off just in the nick of time.)

I examine him for possible burns, find none, and give him a mild sedative. (Later I hear that he fortified himself at lunch time with a little self-prescribed bourbon.)

The Dull Part

1:00 P.M.: Now for the day's toughest chore: filing yesterday's records. (My filing cabinet—like yours—is always too small. It reminds me of a pregnant woman: It bulges in the middle and the bulge gets bigger daily; but the cabinet, alas, never reaches term.) I've had just about all I can take of this tiresome task when . . .

1:40 P.M.: Employe Henry Hassenpfeffer (weight 222, height 6'1") wants a splinter removed from his little finger. While I'm getting the tweezers, he faints dead away on the floor.

(Try lifting Henry from the floor to the cot if you want to know how an infirmary nurse gets her exercise.)

A Young Man's Fancy

2:10 P.M.: Elmer, the factory Romeo, drops in for a couple of aspirins. "By the way," he says, "what are you doing Tuesday night?" (There's an Elmer in every plant—and he usually has a wife and six kids. But he always makes a quick getaway when you mention your husband—an ex-football star.)

2:45 P.M.: No day would be complete without an upset stomach—and here he is. (Oops! Just missed the sink!)

3:00 P.M.: Coffee-break. (Correction: No coffee-break. The coin machine is empty.)

3:30 P.M.: Somebody in the shipping room decides that somebody ought to take up a collection to give the foreman a birthday gift—and I'm elected.

Diagnosis: Mice

3:50 P.M.: Another emergency: A girl has fainted in the stitching department and two others are having hysterics. (The department, it seems, has mice.)

4:15 P.M.: My uniform, you'll

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e floor
know
ts her
tice, has lost its morning
iteness. It's now a combina-
on of tattle-tale gray (caused by
mospheric conditions) and red

polka dots (caused by blood and
spilled Merthiolate).

4:30 P.M.: Nothing to do till
tomorrow. END

Nurses to Star in Stepped-Up Civil Defense

If you see some high school students prowling about the hospital grounds one of these days, carrying a box that looks like a Geiger counter, don't be surprised. Chances are, that's what it is. And their actions will mean that the radiologic defense program sponsored by the Office of Civil and Defense Mobilization has gone into high gear.

This year Civil Defense will distribute radiologic training and monitoring equipment to 15,000 high schools.

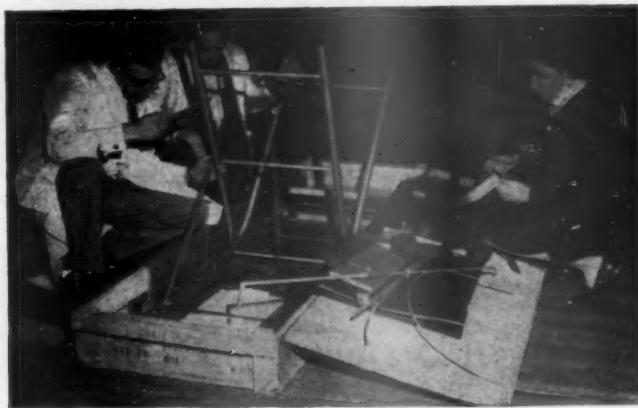
This program is only a small part of the stepped-up civil defense plan now in progress. Nursing as well as the high schools will soon receive a greater share of attention.

Here's what's happened: In the past, state and local governments were largely responsible for civil defense. Now Congress has passed Public Law 606. It pins down civil defense as a joint Federal-state-local responsibility and authorizes funds for training, salaries, and equipment.

Nursing has already benefited from Federal funds. Last year \$80,000 went to the National League for Nursing to find out what courses can best prepare nurses for mass casualty care and other civil defense roles. Three colleges and one hospital are at work on this project.

Recently two of these colleges joined with two medical centers to sponsor a demonstration in New York City of how to set up an Improvised Emergency Hospital. This hospital consists of enough boxed equipment and supplies

NURSES TO STAR IN CIVIL DEFENSE



In a demonstration at Columbia University, these doctors and student nurse swiftly assemble an operating room table—a part of the civil defense emergency hospital.

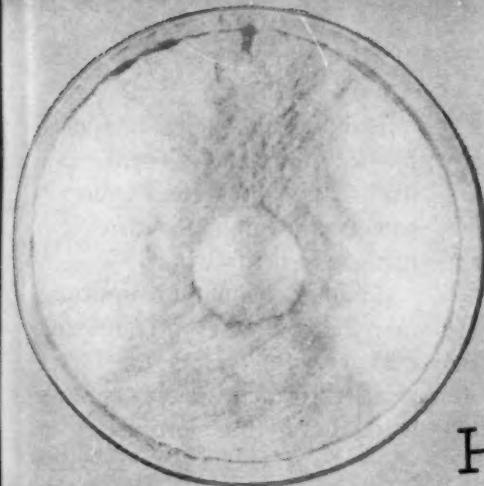
to care for 200 patients for ten days. It can be rushed by truck to any suitable building in a disaster area. A minimum staff of 220, including thirty-six R.N.s, man it on an around-the-clock basis.

When Hurricane Audrey struck Lake Charles, La., in 1957, the packaged hospital had its first actual test. One of the important lessons learned was: *More nurses are needed in the civil defense organization.*

Catherine M. Sullivan, R.N., a nurse-consultant for the national civil defense office, believes that the nurse has a dual responsibility toward civil defense—as a citizen and as a professional person. "We must be aware of this challenge," she says, "then we must accept it."

As the civil defense program grows, government officials on all levels will turn more and more to the R.N. for the help that she alone can give. They'll welcome the professional nurse as a teacher, leader, and pace-setter in serving on the greatest disaster team the nation has ever known.

END



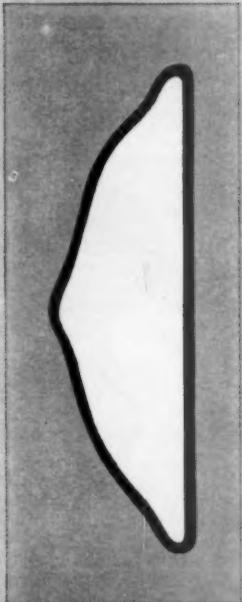
Only
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Nursing Pads
Have
True Comfort-Contour
Shape!



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DISPOSABLE — sanitary — convenient — designed for best care of breasts, after delivery and during nursing period.



Johnson & Johnson

One dozen pads packed
in new pink and blue box.

Drugs to Treat Blood Clots *Continued from 41*

may cut the tests from one a day to about one a week.

If any evidence of hemorrhaging develops—such as blood in the urine—he stops the drug at once. At the same time, he orders whole-blood transfusions and gives specific antidotes.

Vitamin K is the best antidote for the coumarin drugs. It stops their action against the liver enzymes, letting the liver resume its prothrombin production.

Protamine is the best antidote for heparin. Although protamine itself is an anticoagulant agent, it somehow combines with excess heparin to neutralize it.

The anticoagulant drugs have one great weakness: They can't dissolve blood clots that have already formed. Scientists have worked on this problem for years. Now at last they've come up with a hopeful answer: the fibrinolytic agents.

Some of these are enzymes that speed the body's own clot-dissolving mechanism. It's believed they convert the inert plas-



YOUR concepts of cleansing have changed...

You want the modern, efficient cleansing of detergents with their greater surface activity and more effective penetration. That's why you'll prefer Trichotine for your most personal cleansing.

It's a detergent vaginal douche, and once you have used it, you'll recommend it to patients for their most personal cleansing. Trichotine cuts through the viscous vaginal secretions and provides

*in vaginitis—vulvovaginitis—
cervicitis—pruritus vulvae—
postcoital and postmenstrual
hygienic irrigation*

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rapid and complete penetration for its healing and soothing ingredients. And there's no lancing or vinegar odor.

Physicians prescribe Trichotine for feminine hygiene, postcoital and postmenstrual irritation, pruritus vulvae, vaginitis and vulvovaginitis and cervicitis.

Trichotine is for your most personal cleansing.

TRICHOTINE

ma protein, plasminogen (pro-fibrinolysin), into the active clot-clearing enzyme, plasmin (fibrinolysin).

This Relieves Pain, Too

One of these enzymes, trypsin (Parenzyme and Trytar), helps break down the fibrin framework of the clot. It has been used to reduce edema and pain in thrombophlebitis. A second enzyme, streptokinase (Varidase), has been used with similar effect.

These agents don't work well on deep-seated clots. And they sometimes cause toxic reactions.

But for local use they're generally safe and effective.

In the search for still better clot-dissolvers scientists are now trying to purify blood plasmin itself. Right now they're putting one such purified plasmin (Activase) through its clinical paces. And they report that it dissolves clots without causing any serious side effects.

If further findings support these first encouraging results, purified plasmin may prove to be the most valuable team member yet to join the blood-clot controllers.

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LONG-ACTING NON-NARCOTIC ANALGESIC

Prompt and sustained relief of pain

For nightlong relief of pain — permitting natural refreshing sleep: Three tablets at bedtime provide therapeutic salicylate levels up to 8 hours.

For 24-hour salicylate therapy: One tablet on arising; one tablet 8 hours later; two tablets on retiring — to minimize morning joint stiffness, as in arthritis.

PERSISTIN*

Unique formula provides in each tablet:

ACETYLSALICYLIC ACID 2½ gr. (160 mg.) — quickly absorbed for rapid analgesia

SALICYLSALICYLIC ACID 7½ gr. (480 mg.) — slowly eliminated for prolonged analgesia
EXCEPTIONALLY WELL TOLERATED

*Trademark — Pat. Pend.

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Sherman Laboratories

Detroit 11, Michigan

RN · APRIL 1959 65

Of Thee I Sing, Babies!

Continued from 44

switches to another field often comes to regret it. Says one such woman I know: "Now that I'm working with large, economy-size patients, I just never see a whole patient any more. My job Monday may be to give oral medication; so all day long I look at roofs of mouths. My job Tuesday may be to give I.M.s.; so all day long I look at you-know-whats."

A further attraction of pediatrics not to be pooh-poohed is

the ease with which your pocket-size patients can be moved. Try to move a grown-up and you have a full-scale transportation project on your hands. You may well need a wheel-chair or a stretcher plus several sets of your very best muscles.

Economy of effort is possible in other pediatric situations too. For example, prepping for operations is a breeze with the fuzz-trimmed small fry (there's so little territory to cover!). As for the trussed-up ones and the orthopedically handicapped—they are wonderfully wieldy. *More* ▶



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ask for
Tycos!*

You *know* it's accurate

... if it's a

Tycos® Aneroid!

As long as the pointer returns within the zero you can always be sure a TYCOS Pocket Aneroid is accurate. And it's so easy to use. Just slip the cuff around the arm ... hook ... and it's on! Since gage is attached to the cuff the danger of accidental dropping is minimized. **No. 5090, \$46.50.**

For Recovery Room the new TYCOS Hand Model is recommended. Cuff can be left on patients — you carry only the gage with you. **No. 5098, \$49.50.** Taylor Instrument Companies, Rochester, N.Y., and Toronto, Ontario.

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Sodium-free
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the sting is gone!



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When enema therapy is indicated...specify the SIGMOL® Enema...Sigmol contains a harmless, non-toxic, non-conducting solution with no harsh cathartic salts—thus, no burning or irritation of delicate rectal membranes. Non-irritating Sodium-free—The Sigmol Enema is safe for routine use even for patients on sodium-free regimens. Small fluid volume (120 cc.) eliminates danger of water intoxication, reduces electrolyte washout and causes no distention of the bowel. Comes prepackaged in a handy disposable container. ASK your Pharmaseal representative about our easy evaluation plan.

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Easy

to Carry

ANTACID

for
patients who
must stay
at their
job



BiSoDoL Mints are an effective, non-systemic antacid — easy to carry in pocket or purse — pleasant to chew. They help protect irritated mucosa from the digestive action of pepsin and hydrochloric acid — and exert prolonged neutralization of excess acid. Devoid of side effects. No risk of constipation, acid rebound or alkalosis. BiSoDoL Mints help restore the normal pH in the stomach. Free from sodium ion.

COMPOSITION:

Magnesium Trisilicate, Calcium Carbonate, Magnesium Hydroxide, Peppermint.

BiSoDoL
Mints

WHITEHALL LABORATORIES, NEW YORK, N. Y.

OF THEE I SING, BABIES!

Often I'm asked: "How can you, a mother, bear to work in pediatrics? I'd think the crying of sick children would break your heart."

Of course sick children cry. They also shriek and yell. Heaven knows, you can usually hear the pediatric department long before you come in sight of it.

But the nurse can happily do something about the tears of the young—most of them, anyway. For instance: You decide that a tear shower is caused by homesickness, anorexia, melancholy, irritability, or boredom. So you simply fold your patient to lap size and find a comfortable chair. A short session of rock-and-pebble therapy works wonders. (You also get to rest your tired arched feet.) Which leads me to ask: Why doesn't another department of the hospital offer this advantage?

As to tears caused by pain, You can stand this sad sound for you know you're helping the Wonder Ward of the hospital. Here wounds heal with fantastic speed. Diseases soon give up. Death seldom wins.

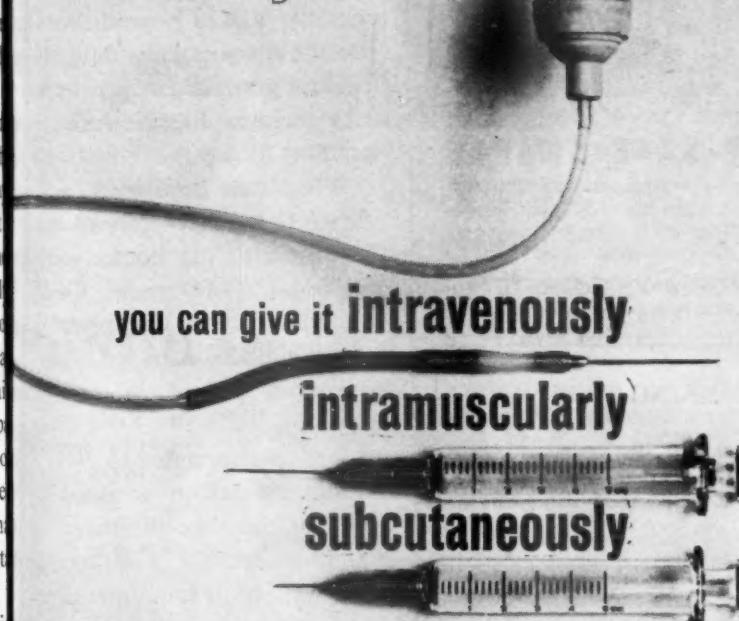
Sweet Spirit of Pediatrics! Once you've helped a sick baby smile its first hospital smile, you won't want to set foot on another floor!

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parenteral chloramphenicol therapy**
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Chloromycetin Succinate



you can give it **intravenously**

intramuscularly

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highly soluble in water or other aqueous parenteral fluids, CHLOROMYCETIN SUCCINATE solution easily prepared for use by recommended parenteral routes in a wide range of concentrations. Tissue reaction at the site of injection is minimal, permitting continuous daily dosage, even in children. EXCELLENT CLINICAL RESULTS—CHLOROMYCETIN SUCCINATE provides broad-spectrum antimicrobial effectiveness and may be used whenever CHLOROMYCETIN is indicated. Since effective blood and tissue concentrations of the antibiotic are produced within a short time, clinical response is generally rapid. Signs of irritation at injection sites have been few.

SUPPLY—CHLOROMYCETIN SUCCINATE (chloramphenicol sodium succinate, Parke-Davis) is supplied in Steri-Vials,® each containing the equivalent of 1 Gm. of chloramphenicol; packages of 10. CHLOROMYCETIN is a potent therapeutic agent and, because certain blood dyscrasias have been associated with its administration, it should not be used indiscriminately, or for minor infections. Furthermore, as with certain other drugs, adequate blood studies should be made when the patient requires prolonged or intermittent therapy.

U. S.; Puig, J. R., & Zaremba, E. A., in Welch, H., & Martí-Ibáñez, E: Antibiotics Annual 1957-1958, New York, Medical Encyclopedia, Inc., 1958, p. 817.

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FAST-SAFE-SIMPLE

Instantly adjustable base passes patient through 24" doors or opens around 34" chair. Smooth, effortless lifting and lowering. Widely used for car travel. Full particulars on request.

TED HOYER and COMPANY, Inc.
Dept. RN, 2222 Minnesota St., Oshkosh, Wis.

- AMUSING . . .
- AMAZING . . .
- EMBARRASSING . . .

No doubt one of these adjectives describes some incident that has occurred in the course of your work as a nurse.

Why not share the story with other R.N.s?

If it's accepted for publication, you'll receive \$15-\$25.

Contributions must be previously unpublished. They cannot be either acknowledged or returned. Those not accepted within ninety days may be considered rejected.

Address: Anecdote Editor, RN,
Oradell, N.J.

Toxoid or Antitoxin?

Continued from 48

include tetanus toxoid in their immunization program. If a parent says, "My boy had a tetanus shot just six months ago when he stepped on a nail," find out if it actually was a toxoid boosted tetanus shot. Antitoxin may have been used rather than toxoid; in which case the boy has no immunity left.)

What is the dosage and when should the shots be given?

Antitoxin: The doctor will often order 3,000 units. Give it subcutaneously in the upper arm near the elbow.

Toxoid: 0.5 cc. in the same manner.

It is good practice to give unimmunized persons tetanus antitoxin at the time of injury, for quick protection, and to start their long-term immunization at the same time by giving them 0.5 cc. of tetanus toxoid (in a separate syringe and into the other arm).

Under the impact of injury people will readily accept your suggestion that they be permanently protected. Such patients must have their second tetanus toxoid injection (again, 0.5 cc. a month later).

Each year some 500 Ameri-

ns die from tetanus, most of them after days of terrible suffering. Another 1,000 are stricken but recover.

You as a nurse can help cut their toll by prompt and proper treatment of the injured, as recommended here. You can also help much—both on and off the job if you—to help promote wider use of booster tetanus toxoid prophylaxis.

Surely it is better to immunize which hundred thousand people who will never have to fight a life-or-death battle with tetanus when to allow even one to suffer the dread lockjaw death. END

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Give!

Mental Health Campaign



the
difference
between
STOP and GO

- INTESTINAL CRAMPS
- DYSMENORRHEA
- SMOOTH MUSCLE SPASM
- HEAT CRAMPS

HVC HAYDEN'S VIBURNUM COMPOUND

Contains viburnum opulus, dioscorea,
prickly ash berries, aromatics and sufficient
alcohol to release the resins in the
crude drugs.

Patients who have been stopped by
smooth muscle spasm are soon on the
go again with HVC, prescribed by
physicians for over ninety years as a
consistently reliable sedative and
smooth muscle relaxant. Symptomatic
relief is both prompt and prolonged,
and HVC is free from narcotics or
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Write for literature and professional sample.

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RN · APRIL 1959 71

What
every nurse
should know
about

PREG- nancy

Expectant mothers, an amazing number of them, take the time and trouble to write and tell us about Tums. Over and over they mention the wonderful relief Tums provides for acid indigestion, heartburn and gas which so often occur during pregnancy. And we'd like to add: Tums relieve an upset stomach quickly, with no danger of over-alkalizing or acid-rebound. Tums tablets are non-systemic. No water or mixing needed. Economical, too. Only 10¢ a roll.



Quick relief for acid
indigestion, heartburn, gas

Dear RN:

Send this coupon to Lewis-Howe Co., Dept. 5RN, 319 S. 4th St., St. Louis 2, Mo., for a professional sample of TUMS in a metal carrier.

Name _____

Address _____

LEWIS-HOWE COMPANY

72 RN · APRIL 1959

Guide for Buying Malpractice Insurance *Continued from 36*

An unlikely possibility? Don't be too sure. Suppose you've been taking codeine or Demerol to relieve the pain of acute bursitis. You might end up unprotected in a malpractice suit.

Do They Need Your O.K.?

A second exclusion found in some policies could harm your professional reputation. How? By permitting the insurance company to settle a claim out of court without your written consent. The company might decide that this would be cheaper than paying court expenses.

But suppose you were innocent and anxious to prove it. You'd then have to hire a lawyer and file a counter-suit, all at your own expense. (Fortunately, not too many policies still



Dial proved

more effective against skin bacteria

than any other soap



5 P.P.M.

New Dial with TCC and
chlorinated bisphenol.



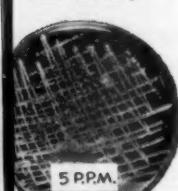
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former Hexachlorophene
Dial.



5 P.P.M.

Bithionol Soap.



5 P.P.M.

TMTD Soap.



The same ingredient in Dial that destroys odor-causing bacteria also sweeps away bacteria that often cause skin blemishes.

You now can prescribe one soap—Dial—to aid in counteracting both skin odor and skin blemish conditions.

Dial's new synergistic combination of two deodorant ingredients—a chlorinated bisphenol and a trichlorocarbanilide, shows a marked superiority in all tests.

Dial inhibits the growth of a wider range of skin bacteria (both gram-positive and gram-negative) than any other soap now available.

In vitro tests prove Dial's superiority

These culture plates containing 5 p.p.m. of the test soap were streaked with the organism *M. pyogenes* var. *aureus* (bacteria causing odor and pyogenic trouble).

Dial is also available in guest sizes for hospitals. Ask your hospital purchasing agent to write our laboratory at the address below for information or free trial samples.



FROM THE SOAP DIVISION OF ARMOUR AND COMPANY • 1355 W. 31ST ST., CHICAGO 9, ILL.

RN • APRIL 1959 73

MALPRACTICE INSURANCE

have this exclusion. But some do—so look for it before you buy.)

You may also find yourself out on a limb with no insurance coverage in these situations—again, varying with the policy you buy:

(1) If you do something not authorized by the nurse-practice act of your state;

(2) If you own or operate a nursing home;

(3) If you fail, as soon as practicable, to give notice in writing of a patient-care incident that may lead to a suit against you;

(4) If you admit (to a patient, for example) that you made a mistake and if that admission leads to a negligence suit.

Actually, most policy exclusions tend simply to prove that a nurse is her own best insurance. If you practice good nursing, you generally have little cause for fear.

Still, mistakes do happen. So the foresighted nurse carefully considers her needs, then buys the policy that best meets them. She thus protects her savings, her professional reputation, and her peace of mind. END



WHEN A GENTLE, EFFECTIVE LAXATIVE IS REQUIRED

*many doctors recommend
Ex-Lax because it is non-irritating¹, dependable
and seldom requires repeat dosage.*



... Phenolphthalein, the active ingredient in Ex-Lax, exerts its greatest effect upon the colon² ... acts gently, overnight ... in the morning produces a stool very much like normal.³ When a gentle, effective laxative is needed, Ex-Lax may be used with confidence. It may be safely given to the young and old as directed.⁴ Each tablet of Ex-Lax contains the equivalent of 1½ grains of standardized yellow phenolphthalein, biological tested for effective action.

EX-LAX IS GENTLE, EFFECTIVE

(1) Visek, W. J., et al: *J. of Pharm. & Exper. Therapeutics*, July 1956; 117:347. (2) Goodman, L. & Gilman, A.: *The Pharmacological Basis of Therapeutics*, 2nd ed., Macmillan Co., 1956, p. 1054. (3) Beckman, H.: *Drugs, Their Nature, Action and Use*, W. H. Saunders Co., 1958, p. 440. (4) Blatt, et al: *J. of Ped.*, Vol. 22, No. 6, p. 725-1943. Abramowitz, E. W.: *Am. J. Dig. Dis.*, Vol. 17, No. 3, pp. 81-82.

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TWO-FINGER EXAMINATION, INTERCHANGEABLE

MORE SENSITIVE — Developed by a physician, this thin, tough polyethylene glove is flexible and form-fitting to insure better "touch"...greater comfort. Comfortable for patients, too, because the seams are smoothly welded. **MORE ECONOMICAL** — No reprocessing cost...requires little storage space...fits either hand.

POWDERED WITH BIO-SORB® DUSTING POWDER — Easy to slip on or strip off. **DISPOSABLE** — One-time use minimizes risk of cross-infection...eliminates handling soiled gloves.

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letters

Continued from 16

All this is supposedly for the protection of the public. But it smacks of oppression to me.

Nancy Collier, R.N.
Port Chester, N.Y.

BEDSIDEWARD HO!

DEAR EDITOR: It's time we realized that more R.N.s are needed at the bedside. Heaven deliver us from a tendency to convert all nurses into administrators and supervisors. Nursing educators seem to forget that not everyone wants to do, or is fitted for, administrative work.

There's nothing wrong with more education (I'm seeking a degree myself). But I wouldn't swap it for the knowledge and experience I've gained at the bedside.

Nursing is essentially a service to humanity. The profession loses no dignity by keeping this purpose ever in sight.

Ruth M. Braune, 1st Lieut.
U.S.A.F. N.C.
Seattle, Wash.

SERVICE-CALL FEES

DEAR EDITOR: Television repairmen charge \$5 for a minor adjustment that takes only a few minutes.

An electrician I called told me

On our floor

WELL YOU'VE DONE YOUR GOOD DEED FOR TODAY.

YOU MEAN COZYME HAS!
IT REALLY DOES A JOB IN
EASING POST-SURGICAL
DISTENTION AND PAIN.

I KNOW THE DOCTORS ARE PLEASED WITH COZYME.
IT'S ROUTINE NOW FOR THE PREVENTION AND CORRECTION OF INTESTINAL ATONY AND PARALYTIC ILEUS.

IT'S WONDERFUL HOW COZYME RESTORES NORMAL PERISTALSIS IN A NATURAL AND PHYSIOLOGIC WAY.

TRAVENOL LABORATORIES, INC. Morton Grove, Illinois

he couldn't come to fix a faulty light switch for less than \$10.

So—why isn't a private duty nurse justified in asking a fee (to cover transportation and loss of time) when requested services are canceled after the nurse has reported for duty?

William E. Abbott, R.N.
Stamford, Conn.

NURSELESS BOARDS

DEAR EDITOR: I agree that nurses are too rarely represented on the policy-making boards of local health and welfare organizations.

But few nurses are qualified to serve on such boards. And those

who would make good board members are almost always overcommitted to community activities.

Many boards would welcome a newcomer from the nursing profession. But we nurses must first show that we're qualified by becoming good leaders of our own nursing organizations.

Frances MacFadyen Stewart, R.N.
Worcester, Mass.

ANTIDOTE CABINET

DEAR EDITOR: At our sixty-five-bed general hospital we have a portable cabinet stocked with poison antidotes. Once used to house a TV set, the cabinet has 2-inch casters that



letters

make it easy to wheel wherever it's needed.

The top section contains all the necessary drugs, together with a list of poisons and their antidotes. The bottom section holds a lavage tray ready for immediate use.

The cabinet has proved most satisfactory for our needs.

Virginia B. Witmyer, R.N.
Ephrata, Pa.

OF KEY IMPORTANCE

DEAR EDITOR: I don't think much of the idea (suggested by an *RN* reader) of putting a dial-type combination lock on the hospital medicine closet and making the com-

bination known to each nurse when she's being oriented to the ward.

There's so much to remember at first that I'm sure some nurse would write down the combination. This might fall into the hands of someone who would help himself to harmful drugs.

Keep the lock that requires a key, I say—and keep the charge nurse in charge of the key!

R.N., Pennsylvania

LET UNCLE SAM DO IT

DEAR EDITOR: I disagree with those who say that wage boosts to nurses and other personnel are the chief

TEAM NURSING IN THESE HOSPITALS!



Head Nurses • Assistant Head Nurses • Team Leaders

Qualified by professional training and personality to provide administrative guidance and high quality bedside care.

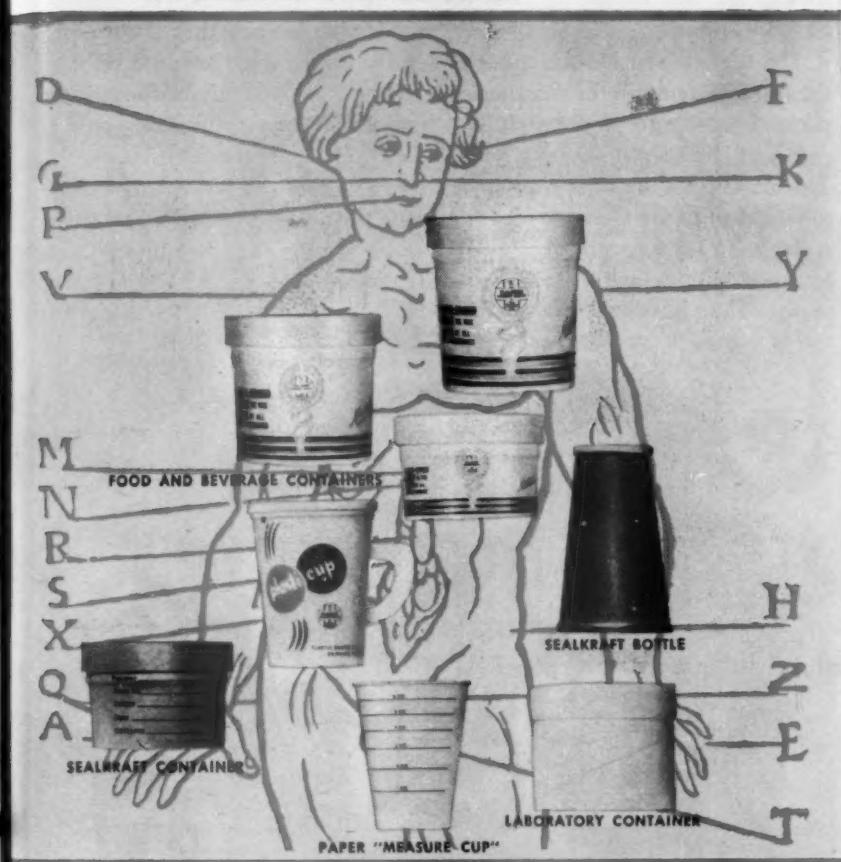
Salaries at the rate of \$6420-\$5340-\$4860 per year, depending on experience and training. Annual increases. 40 hour week. Shift differential where applicable. 4 weeks vacation. 7 paid holidays. Laundry of uniforms. Social security plus non-contributory retirement plan.

General Duty Nurses at the rate of \$4440 per year.

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BOX 61, WILLIAMSON, WEST VIRGINIA**

Proven **HOSPITAL-RIGHT** wherever used



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Already the "First Choice" of hospital technicians, nursing and kitchen personnel everywhere. Sealright, **Hospital-Right**, all-purpose disposable paper containers are so right too, for your every single service container need.

Try a **Test** supply . . . experience a new efficiency . . . added service effectiveness, and enjoy new immense savings as well.

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Fulton, New York Kansas City, Kansas
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letters

reason for the mounting cost of hospitalization.

The real reason it costs more is the huge increase in the number of patients unable to pay their bills.

Hospital bills still unpaid at the end of, say, six months should be turned over to the Government for collection. The Government's collection facilities are infinitely superior to the hospitals' (as the col-

lection of income taxes has proved).

If people knew they'd ultimately have to pay their hospital bills, everybody would buy hospital insurance—and the insurance would be a lot cheaper, too.

We should ask our Congressmen for the necessary legislation. . .

S. Smith, R.N.
Salt Lake City, Utah

END



"Did you happen to know Florence Nightingale?"



Free the anemic
**FROM IRON
INTOLERANCE**

High Potency

FERGON® PLUS
Improved Caplets®



----- 2 Caplets = 1 U.S.P. oral unit of
Anti-Anemia Activity without
gastrointestinal upset

2 Caplets contain:

Fergon (brand of ferrous gluconate) ..	1000 mg.
Iron without Irritation	
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Factor Concentrate U.S.P.	1 unit (oral)
Folic acid	3 mg.
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Highest Hemoglobin Response

No Nausea
No Abdominal Cramps
No Constipation
No Diarrhea
in approximately 90% of patients

Therapeutic dose: Only 2 Fergon Plus Caplets daily (one before the morning and evening meals).

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How Supplied:

Fergon Plus
Improved Caplets,
bottles of 100 and 500
easy to swallow Caplets.

Fergon (brand of ferrous gluconate) and Caplets,
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news

Continued from 28

directory of transfusion facilities and services. It's available from council headquarters, 1832 M Street, Washington 6, D.C. Price \$1.50, postpaid.

For Shut-In Oldsters: 'Meals on Wheels'

A service called "Meals on Wheels" delivers two planned meals daily to forty chronically ill oldsters in Philadelphia.

A voluntary charitable organization, The Lighthouse, provides the service at an average cost to the shut-in of 42 cents a day. Visiting nurses, hospitals, and welfare officials furnish the names of those who need such dietary care.

Spot Check Reveals Unsafe Fluoroscopes

Only twelve of eighty-one fluoroscopes surveyed recently in the Philadelphia area measured up to

minimum safety standards based on recommendations of the National Committee on Radiation Protection.

So say Robert Gorson (University of Pennsylvania) and Jesse Lieberman (Philadelphia Department of Public Health) in a report to the Radiological Society of North America.

Twenty-two of the fluoroscopes were in institutions, fifty-nine in doctors' offices. Seven of the institutional machines and five of the doctors' met the basic criteria. But most of the others could be made acceptable, the investigators add.

Degree-Nurse Census Up 5,550 in 4 Years

One out of every twelve U.S. nurses now has a college degree, according to the latest study by the Public Health Service.

The study is based on figures for 1956. It shows that between 1952 and 1956:

Nurses with degrees increased

TENDER LOVING CARE for overworked hands and dry skin

POLYSORB® HYDRATE

the essential water-in-oil emollient treatment doctors report beneficial for rough, unsightly hands and dry skin—release water for tissue rehydration, oil for prolonged emollience and protection.

Bland, non-sensitizing, non-irritating POLYSORB HYDRATE is available in 50 gram tubes at drugstores.

E. FOUGERA & CO., INC., Hicksville, Long Island, New York



Why the **FLEET® ENEMA** *Disposable Unit* *has a two-inch* *rectal tube¹*

A rectal tube, *inserted over two inches*,
may cause tearing of the mucosa or perforation.²

For safety and efficacy, insist on—

FLEET ENEMA Disposable Unit with the
two-inch, anatomically correct, pre-lubricated
rectal tube.³ Each hand-size, squeeze bottle,
contains per 100 cc, 16 Gm. sodium biphosphate
and 6 Gm. sodium phosphate. Adult Size,
4½ fl. oz. . . Pediatric Size, 2½ fl. oz.

Also gentle, prompt, thorough . . . **PHOSPHO-SODA**
(Fleet), saline laxative of choice . . . 48 Gm. sodium
biphosphate, 18 Gm. sodium phosphate per 100 cc.

FLEET® **ENEMA**

Disposable Unit



References: 1. Pratt, J. H. and Jackman, R. J., Proc. Staff Meeting, Mayo Clinic 20:277, 1945. 2. "Injuries to bowel as result of an enema", Frech, H. C. and Lanier, L. R., Jr., Am. J. Obst. & Gyn. 74:146, 1957. 3. Bookmiller, R. M. and Bowen, G. L., "Textbook of Obst. and Obst. Nursing", 3rd Ed., Saunders, 1958.

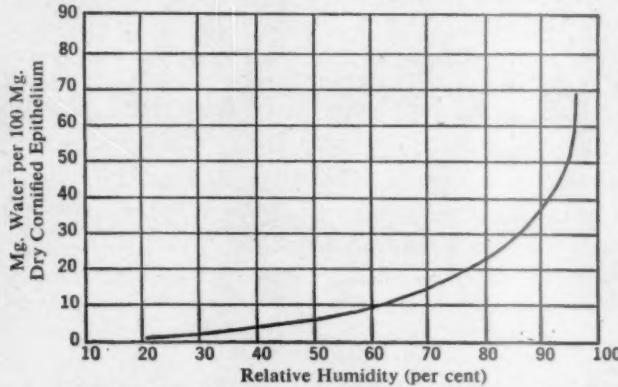
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the "MOISTURE FACTOR"

Advanced Research for Improved Methods and Preparations—“The need increasing the scope and number of investigations relating to fundamental problems of skin physiology, biochemistry, pharmacology, and toxicology cannot be stressed strongly.”¹ For example, emollients in many forms and formulations are in extensive use today to help meet the ever-increasing problem of dry skin. Yet “...confusion exists as to just what constitutes an emollient”² and how it functions.

The "Moisture Factor" In Simple Skin Dryness—When skin lacks sufficient moisture in the horny layers, it is described as “dry.” Symptoms range from mild superficial scaling to extremes of severe scaling, fissuring, itching, and inflammation.² Water evaporates from the surface more quickly than it is supplied from underlying tissue.

Natural Surface Film Poor Barrier Against Water Loss—Contrary to general belief, the natural surface lipid film is not an effective barrier against water loss. Upon its removal with fat solvents, no increased evaporation rate is noted.⁴ The water barrier probably lies in the deeper layers of the epidermis,⁵ and does not prevent dehydration of the stratum corneum under most atmospheric conditions.⁶ Prolonged exposures to temperature extremes or to strong wind, increase tendencies toward drying. Relative humidity is a critical factor—at values of 60 per cent or above, an equilibrium exists which does not permit the moisture content of the horny layers to drop below 10 mg. water/100 mg. of dry keratin.⁷ At this value, the skin retains its pliability.⁸



Showing Moisture Increases of Cornified Epithelium with Relative Humidity Increases (at about 73.5°F.). Adapted from Blank.⁸

“It is apparent, therefore, that the water content of the cornified epithelium is a more important factor in maintaining the flexibility of this layer than is its oil content. It can be assumed then that a simple emollient does not penetrate—it acts primarily on the surface. Its true effectiveness in the treatment of simple skin dryness depends on the fact that it can give the stratum corneum to maintain an adequate water content.”²

The "Moisture Factor" In Aging Female Skin—Consideration of the “moisture factor” in the care of aging skin becomes of increasing importance because of the de- seated atrophic dermal changes which take place with aging. The epidermis becomes thinner and the outermost layers appear looser.⁹ Mitotic activity is reduced in the basal layers and the deep epidermal cells begin to vacuolize.⁹ Papillae gradually lose their

Simple Emollients—Primarily Surface Acting—Dramatic evidence of the topical effectiveness of water as a plasticizer for keratinized tissue¹⁰ has been presented. Dried out—but not defatiged—skin sections become abnormally hard and brittle. Prolonged contact with lanolin, or increases in oil or petrolatum does not restore their flexibility. If allowed to absorb a large amount of moisture, similar sections become soft and pliable.

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Cosmetic care of the skin

The need for cosmetic care of the skin is well known. As we age, the skin becomes less elastic and more wrinkled. This is due to the loss of collagen fibers in the dermis. These fibers provide strength and elasticity to the skin. As we age, the skin loses its ability to produce new collagen fibers, and the existing ones become less effective. This leads to a loss of elasticity and an increase in wrinkles.

Topical Estrogens and the "Moisture Factor" in Aging Skins — Because aging is prominently linked with waning ovarian hormones, topical estrogens, which penetrate the intact skin rapidly and with great ease,¹⁰ have been added to simple emollients in the attempt to arrest the degenerative process. Clinical reports^{10,11,12,13} attest to the efficacy of topical estrogens in providing favorable response on aging female skins. Prominently noted were marked improvements relating to the "moisture factor." Increased succulence of the epidermal cells¹⁰ and the derma¹¹ and enhanced ability to absorb fluids¹¹ have been reported. Estrogen-treated sites showed an increased water content¹² and it has been stated that "...there is definite support for the anti-wrinkling effect based upon (a) the thickening of the epidermis, (b) plumping of the collagen fibres."¹³ Hormone potencies used have been clinically established to be "...entirely safe."^{14,15}

Beauty Through Science — In the Clinical Research Division of Helena Rubinstein, application of established dermatologic principles to scientific cosmetology has succeeded in developing emollients and other cosmetic preparations that set the standards for the industry. Pioneering in cosmetic hormone therapy, this group has for years supervised dermatologic, endocrinologic and cosmetologic studies to evaluate the benefits of topical hormones on aging female skin. Of special importance has been the recent development of Helena Rubinstein's Ultra Feminine Face Cream which combines natural estrogens with progesterone, in concentrations clinically proved to be effective and safe. The dermatologic action of Ultra Feminine appears to be enhanced by the synergistic action of the two hormones. Through its estrogen content, Ultra Feminine favorably influences the vitally important "moisture factor" throughout the skin structure. Its progesterone content, through reactivation of impaired sebaceous function, increases surface emolliency and in addition helps to guard against undue moisture loss to the environment. A true product of scientific cosmetology, Ultra Feminine can help the patient maintain her youthful appearance well past "middle age."

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news

by 5,550 (18 per cent) to 36,400.

Nurses without degrees increased by 49,850 (14.5 per cent) to 393,600.

Of the nurses with degrees 6,275 have their master's and 125 have their doctorate.

capsules

Baby boom slackens: 53,000 fewer U.S. births in '58 than in '57 (first downtrend since '50) . . . Pregnancy in dogs may be reversed by injections of malicidin, says Yale's Dr. Leon F. Whitney . . . Inhalation of fumes from isopropyl alcohol is believed to have caused coma in 2½-year-old girl in San Francisco . . . A bill to suspend licenses of nurses and doctors under treatment for mental illness for more than 60 days has been introduced in New York State . . .

Only Papa is permitted to visit Mama and her newborn at Pater son (N. J.) hospitals. Aim: to cut risk of staph infection . . . Hypnosis sometimes helps get alcoholics on water-wagon, California M.D. finds. It can also help persons with skin symptoms (including itch-scratch syndrome), say re ports to American Academy of Dermatology and Syphilology . . . Connecticut's Superior Court denies' plea of Yale M.D. and others to lift state-law ban on teaching of birth control and use of contraceptives . . .

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Improperly glazed dishware is possible source of lead poisoning, warns Berkeley (Calif.) public health department . . . Nursing school admissions hit two new highs in '58: 46,600 (vs. 44,281 in '57) for R.N. training; 20,000 (vs. 16,710 in '57) for P.N. training . . . Ultraviolet lamp is reported to be more effective as germ-killer when used in darkened room . . .

New pencil-eraser-size device wails warning of nuclear radiation. Operates off TV or radio loud-speaker in home or car . . . Three out of four victims of some 789 poisonings treated and studied at Detroit's Herman Kiefer Hospital turned out to be children under five . . .

Absorption of lanolin (commonly used in facial creams) has been cited as cause of headaches in four Texas women . . . A solution of nystatin (Mycostatin) used in mouths of 714 infants at Toronto's New Mount Sinai Hospital is said to have prevented thrush in all but three cases . . . Artificial pneumothorax and phrenic nerve paralysis are outdated methods for treatment of TB, contends Army medical officer . . .

Special unit for intensive treatment of burns—said to be first of its kind in Midwest—is scheduled to open soon at St. Mary's Hospital, Milwaukee . . . Amphetamine psychosis may result from routine amphetamine therapy for depres-

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news

sion, fatigue, and obesity, warns British M.D. Symptoms may be confused with those of schizophrenia . . . Bread-enrichment idea should be extended to canned goods and other processed foods which now lack "bits of vitamins, amino acids, and minerals," contends M.I.T.'s Dr. Robert S. Harris . . .

It's the wind—not just the cold—that hurts. Army tests indicate temperature of 35 above zero with 20-m.p.h. wind has same effect on your skin as 38 below with no wind . . . Chloroquine phosphate caused visual disturbances in 10 patients, say two Oregon University M.D.s. Patients were being treated for arthritis, lupus erythematosus . . . Philadelphia General has repealed its rule requiring staff nurses to live in the city . . . A high-cholesterol diet may cause artificial blood vessels to become sclerotic, according to a recent experiment with dogs . . .

Children with schizophrenia are usually less sensitive to pain than normal youngsters, a study of 31 cases indicates . . . Red Cross providing nurse instructors for new program of aide training aimed at better patient care in some 25,000 nursing homes . . . Penicillin is reported to kill bacteria by preventing normal formation of cell walls. Bacteria burst during cellular division when internal pressure becomes greater than external pressure . . .

Payroll tips: If you have to pay much more Federal income tax each year than your employer withholds, ask him to increase the withholding amount. This is legal . . . If you want to check your Social Security account, do so every three years on forms available from your local S. S. office. Errors made within three years and three months can be corrected. But any earlier ones are permanent.

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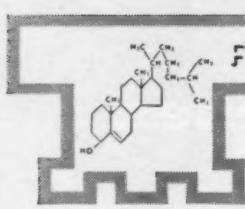
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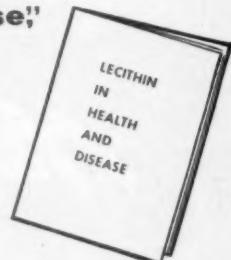
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1. Wittcoff, H., *The Phosphatides*; A.C.S. Monograph Series #112; Reinhold Pub. Corp. NYC 1951, p. 366-423.
2. Bloor, W. R., *Biochemistry of the Fatty Acids*; A.C.S. Monograph Series #93, Reinhold Pub. Corp. NYC 1943.
3. Article, Lecithin in the Diet; *Journal A.M.A.* 168:1168 (Oct. 25) 1958.



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STHETIST: For 6 weeks vacation relief beginning May 1, 1959. 85 bed accredited hospital. Salary open. Write Administrator, Beaver Dam Hospital, Beaver Dam, Wisc.

STHETIST: Nurse, registered, female, June 15, 1959. To serve also as Chief Nurse and Supervisor. \$600 monthly. Supervisory experience desirable. 12-bed general hospital in mining town, staff of 20, including 7 RN's. Must be adept at inhalation, intratracheal, spinal, and intravenous techniques, and capable of independent judgment. Age under 50 yrs. Employment husband usually available. Good school, rental housing, excellent climate. Apply Richard G. Hardenbrook, M.D., Bagdad, Bagdad, Ariz.

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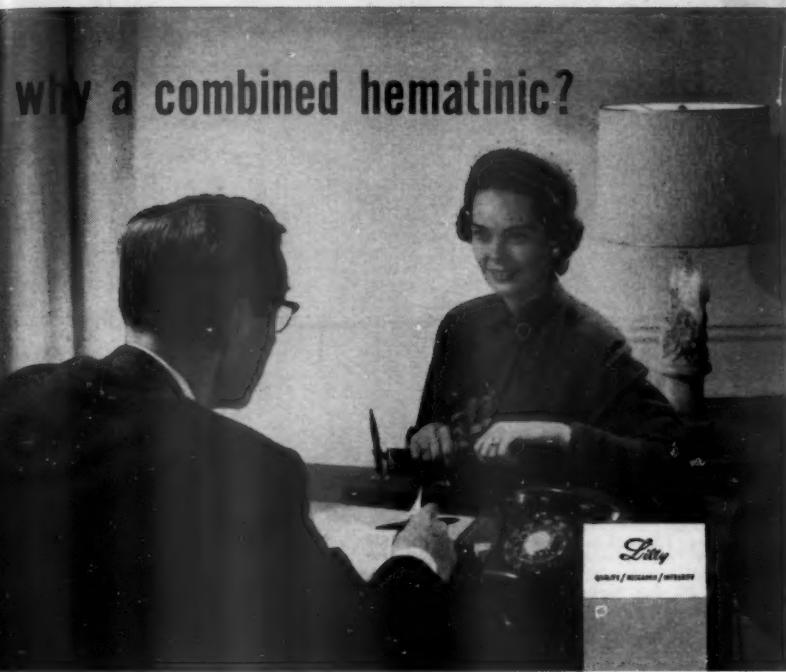
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2. Am. J. Obst. & Gynec., 70:1309, 1955.
3. Lancet, 1:448, 1957.

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GENERAL STAFF NURSES: Because we are friendly people it is fun to work in the preferred department of a 200 bed JCAH general hospital enthralled in the extensive building program creating opportunity for advancement. Liberal personnel policies include 40 hr wk, retirement plan, Social Security, pd hospitalization insurance premiums, cumulative 30 day sick leave, 2 wks vacation, 6 holidays, excellent meals at cost, cozy rooms at \$20 per mo, in-staff educational program. Approximate initial salary even \$349, nights \$343, days \$325. Annual increase yearly approximates \$215. High standard patient care maintained by nurses permitted to use professional preparations. Ideally located near Detroit with convenient transportation to make off duty hrs. interesting. For details write Director of Nursing, Wyandotte General Hospital, Wyandotte, Mich.

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GRADUATE NURSES: I'll be seeing you Philadelphia Convention in May re position at the General Hospital, L.A. County, Hartwig

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HIGH CALIBER REGISTERED NURSES: We need good nurses interested both in latest scientific therapy and old-fashioned warm care of patients with cancer and allied diseases. Teaching and research center offers valuable experience. Adequate staff of top nurses maintained. University-affiliated inservice education, access all NYC educational programs. Good basic preparation required, learn specialty here where patients receive active surgical-medical-radiation therapy. Not a chronic disease hospital. Teachers college learn-earn plan available for study-experience program on full salary. Staff nurses: day \$300-\$340 mo., eve. \$355-\$395, nite \$344-\$384. 4 wks vacation, 1½ pay for overtime, uniforms laundered, Blue Cross pd by center. Minimum rotation. Suture nurses: base salary plus ½ pay for on call. Housing agent helps you locate. Thelma Laird, R.N., Director of Nursing, Memorial Center, 444 E. 68 St., New York 21, N.Y.

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MOVING? If you're thinking of move in with us. Salary \$395 after 6 mos. and a First Class Supporting Team. Write for information. Betty Hartwig, R.N., Box 1311, L.A. County General Hospital, Los Angeles 33, Calif.

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NURSE: Wanted for private school in Los Angeles. Write for info. Fenster Ranch Sch. Camp, 3300 E. Blacklidge Dr., Tucson, Ariz.

NURSE ANESTHETIST: Female, formal school, 1000 bed teaching hospital permanent position. Liberal salary, vacation, personnel benefits. 40 hr. work wk. H. M. Hoff, Associate Director, Jackson Hospital, Miami, Fla.

NURSE ANESTHETIST: Good salary maintenance if desired. Contact Personnel Department, Elk County General Hospital, Ridgway, Pa.

NURSE ANESTHETIST: 381 bed hospital, fully approved. M.D. Anesthetists. Salary \$450-\$500 per mo. 40 hr. wk. 12 sk. day lv., vacation, 6 pd. holiday Security and pension plan. Anesthesia Dept., Grace Hospital Northwest, 18700 Meyers Road, Detroit 21, Mich.

NURSE ANESTHETIST: 245 bed hospital AANA member desired. IV anesthetist on staff. Write Assistant Administrator detailing experience and qualifications. Memorial Hospital, Casper, Wyo.

NURSES are appreciated people here. County General. With 6 mos. experience \$395 mo. Write me for more info. Betty Hartwig, R.N., Box 1311, L.A. General Hospital, Los Angeles 33, Calif.

NURSES: General duty. Immediate and permanent openings available. Resort area. Yellowstone National Park. 34 bed. Write St. John's Hospital, Jackson, Wyo.

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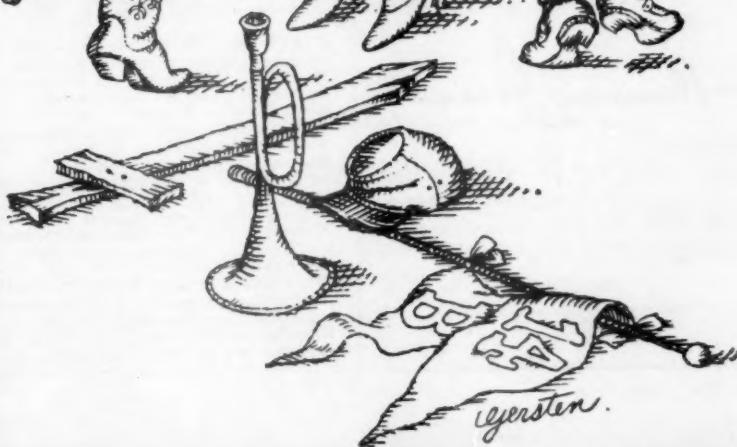
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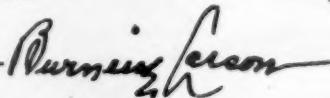
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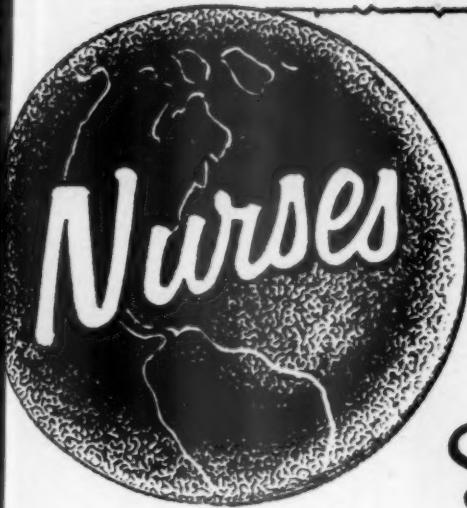
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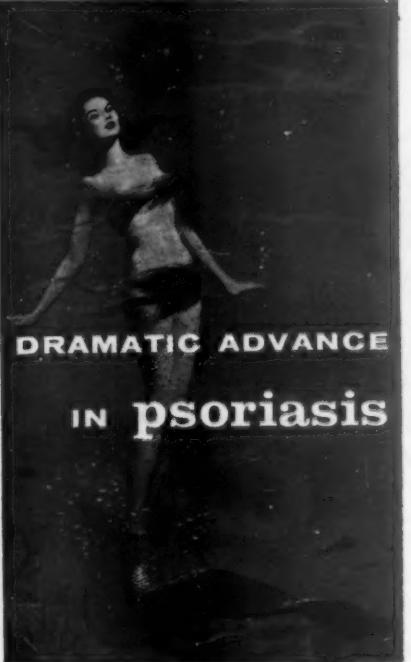
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